

Menorrhagia and its Homoeopathic Management

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ABSTRACT

Menorrhagia is a frequent illness that affects females during their reproductive years. The term "profound menstruation" is now used to describe an excessive or increased flow of the menses. These illnesses can have dreadful repercussions that could burden an allopath. Many people who deal with these instances see how completely hopeless they are. The amazing qualities of homoeopathic medicines, including their ability to stop even the rapid loss of critical fluid itself, are known to homoeopathic practitioners, who are also aware of the unique and characteristic signs.

Keywords: Menorrhagia, Homoeopathy, menses, hormonal imbalance, symptoms.

INTRODUCTION

In daily practise, menorrhagia is a prevalent gynaecological problem. It is a condition that may result from a systemic, functional, or pathological illness. Menorrhagia is a disease presentation, not the disease itself. For a number of serious illnesses and dreaded diseases, allopathy, or conventional treatment, with its life-saving medications, antibiotics, and surgery, is the only option. However, despite significant advancements and study in the field, allopathy is unable to treat a variety of diseases, such as menorrhagia, which refers to heavy, protracted periods. Homoeopathy has proven to be successful in this regard. To provide long-lasting and permanent relief, the medications support the person's emotional, mental, physiological, and immune responses.

While some women experience very little discomfort during their periods, others go through a monthly trauma. Premenstrual syndrome can cause a wide range of uncomfortable symptoms, including irritability, mood changes, headaches, bloating, water retention, and sore breasts. Periods can be unreliable and uncomfortable, accompanied by cramping, unusually heavy flow, and other discomforts. It is a serious issue for premenopausal women, leading to poor health, a decreased quality of life, and major disruption of daily living.

Menorrhagia is characterised as cyclic bleeding that occurs at regular intervals and is either excessively large (80 ml or more), excessively long (>7 days), or both.

AETIOLOGY

Hormone dysregulation, Heavy bleeding can also be caused by fibroids, uterine or cervical cancers, pregnancy complications (such a miscarriage or an ectopic pregnancy), the use of an intrauterine device (IUD), and other illnesses like thyroid, renal, or liver disease as well as bleeding disorders.

RISK FACTORS

Age and the existence of additional medical disorders that might explain your menorrhagia affect risk factors. Progesterone, the female hormone most important for maintaining regular periods, is produced by the body in response to the release of an egg from the ovaries in a typical cycle. Insufficient progesterone

might result in significant menstrual bleeding when there is no egg produced.

Anovulation is frequently the cause of menorrhagia in adolescent girls. In the first year following their menarche, adolescent girls are more prone to anovulatory cycles.

In older women of reproductive age, menorrhagia is frequently brought on by uterine pathology, such as fibroids, polyps, and adenomyosis. However, it's important to rule out other issues first, including uterine cancer, bleeding issues, drug side effects, and liver or kidney disease.

CLINICAL FEATURES

- Soaking through one or more sanitary pads or tampons every hour for several hours.
- Using two sanitary products at a time to control your menstrual flow
- Waking up in the middle of the night to change your sanitary products
- Bleeding for more than a week
- Passing blood clots bigger than a quarter
- Limiting daily activities due to heavy menstrual flow
- Anaemia signs, such as exhaustion, fatigue, or shortness of breath.

COMPLICATIONS

Anaemia - Menorrhagia can result in anaemia due to blood loss by lowering the amount of red blood cells in circulation. Haemoglobin, a protein that enables red blood cells to deliver oxygen to tissues, is used to determine the quantity of circulating red blood cells.

As your body tries to replace the missing red blood cells by utilising your iron reserves to manufacture more haemoglobin, which can then carry oxygen on red blood cells, iron deficiency anaemia develops. Menorrhagia may cause iron levels to drop to a point where iron deficiency anaemia is more likely to occur.

Pale skin, weakness, and exhaustion are signs and symptoms. Iron deficiency anaemia is influenced by food, however it is made worse by heavy menstrual cycles.

Extreme pain - You may experience terrible menstrual cramps (dysmenorrhea) in addition to heavy monthly bleeding. Menorrhagia-related cramps might occasionally be so bad that a doctor needs to examine you.

DIAGNOSIS

- Blood exams. These assess your blood's ability to clot quickly and look for anaemia.
- Pap smear. Cells taken from the cervix are collected and analysed for this test. It is used to look for signs of infection, inflammation, or malignancy.

The ultrasound. Your healthcare professional can examine the uterus to look for fibroids or other issues using sound waves and a computer.

The biopsy. Your healthcare professional may be able to detect cancer or other abnormal tissue by examining a sample of uterine lining tissue.

Other testing consists of:

- Hysteroscopy. Your doctor can observe the cervix and the interior of the uterus using a viewing device inserted through the vagina.
- D&C (dilation and curettage). This treatment involves scraping the uterine cavity, followed by an inspection.

HOMOEOPATHIC MANAGEMENT

In addition to treating menorrhagia, homoeopathy aims to address its underlying causes and individual susceptibilities. The following homoeopathic treatments are effective for treating menorrhagia

1. SECALE COR

Menstrual cycles are too frequent, too protracted, too violent. black, liquid blood discharge that is accelerated by motion. Her symptoms all get worse right before her period, appropriate for slim women. Watery blood will continue to ooze out until your menstruation.

2. HAMAMELLIS VIRGINICA

Active or passive bleeding from the uterus following a fall or a tough ride, with a

pounding backache but little mental angst. Menstruation is a painful time when black, heavy bleeding occurs frequently along with abdominal pain from ovarian trauma or falls. excessive procreation compared to blood loss. It examines bleeding. impact of mechanical injuries over time.

3.MILLEFOLIUM

The main symptom for millefolium to be recommended is painless haemorrhage. early, prolonged, and profuse menstruation.

4.NUX VOMICA

Excessively early and frequent menstrual periods; bloody discharge. After several days of continuous discharge, it stops and then resumes. abdominal ache that radiates down to the thighs and feels like a cramp. She acts irrationally furious and violently. Constipation that is habitual, with regular urges to poop.

5.THLAPSI BURSA PASTORIS

Medication to treat uric acid and haemorrhage. Hemorrhage—profound, passive, and pouring from every opening in the body; blood is black and clotted. The aftertaste of bad eggs is bad. Buttermilk is required. Female genitalia-Metrorrhagia; in chlorosis, after an abortion, labour, or miscarriage, in a climate-controlled environment, with cancer uteri Metrorrhagia with acute uterine colic, excessively frequent and heavy menstruation. There are various different time periods. Menstrual periods are too early, too abundant, and too protected (eight, ten, or fifteen days late); the first day is only a show, and the second day is accompanied by colic, vomiting, and massive clots. Uterine haemorrhage accompanied by cramps and clot ejection. One period is hardly ended when the next one begins. Both leucorrhoea and menstruation quickly discolour.

6.TRILLIUM PENDULUM

It has been used successfully in all types of uterine haemorrhages, including antipartum, postpartum, and climacteric haemorrhages. This haemorrhage is distinguished by its relationship with faintness and dizziness. With little movement, bleeding worsens.

7.CALCAREA CARB

Menstruation begins too soon, is excessively heavy, and lasts too long. Stooping causes vertigo, which worsens when rising or going upstairs. Feet feel as if they are wearing cold, damp stockings. Swelling and sensitivity of the breasts, headache, colic, and shivering may occur prior to the flow. Cutting in the abdomen, toothache, and bearing down during the flow. The means are dark or black in colour and thick.

8.CHINA

Menstruation is excessively heavy, with a discharge of black clots. Eructations or flatus passage do not ease severe abdominal distension. Urge to urinate frequently; light urine. Ear ringing and fainting spells.

9.ERIGERON

It is an excellent medicine for all types of haemorrhages, however, like all homoeopathic remedies, it only works when used in its whole. This remedy's haemorrhage is distinguished by the vivid crimson of the discharge. Menorrhagia is characterised by vivid red bleeding, dysuria (painful urination), and rectum discomfort.

10.FERRUM MET

Iron is the primary component of human blood; therefore, this homoeopathic medicine is best suited to anaemic individuals. It is either a cachectic state caused by poor nutrition and assimilation or a basic blood insufficiency caused by haemorrhages.

Menstruation is excessively heavy and prolonged, and the face is flushed with ringing in the ears. The abundance of the discharge precludes any movement, as even the slightest movement aggravates the flow. The patient is severely disabled.

11.XANTHOXYLUM

Menstruation is very early and profuse; menstrual blood is practically black, arrives in strings, and contains clots. It is a great treatment for neuralgic dysmenorrhoea, a violent agonising, grinding pain that is not relieved by anything; the agony travels to the thighs or radiates throughout the body.

CONCLUSION

Menorrhagia is a frequent clinical illness that might be functional, connected to uterine pathology, or caused by a systemic pathology. Because we treat the patient rather than the disease in homoeopathy, we should approach each instance of menorrhagia as a unique one and treat each patient as an individual. We will undoubtedly succeed in this condition if we adhere strictly to homoeopathic principles.

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