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Role of homoeopathy in dysfunctional uterine bleeding along with the utility of synthesis repertory in such cases

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Abstract

Dysfunctional Uterine Bleeding (DUB) is a state of abnormal uterine bleeding due to hormonal imbalance without any clinically detectable systemic, organic, and iatrogenic diseases. It may occur at any age between the menarche and the menopause. In this condition menorrhagia is the most common manifestation. Synthesis is the repertory by Dr. Frederik Schroyens, it is completely based on sixth American edition of Kent's repertory. A woman of 30 years of age came with complaints of profuse menstrual flow mixed with large clots along with heaviness in lower abdomen, distension of abdomen, weakness and increased sexual desire during menses treated with constitutional medicine. This case shows the efficacy of synthesis repertory and homeopathy medicine in cases of dysfunctional uterine bleeding.

Keywords: Dysfunctional Uterine Bleeding (DUB), synthesis repertory, homoeopathy

Introduction

Dysfunctional uterine bleeding is a state of abnormal uterine bleeding due to hormonal imbalance without any clinically detectable systemic, organic and iatrogenic diseases^[1]. It is highly observed in reproductive age group, adolescence, pre-menopause following childbirth. The prevalence rate among women aged 30 to 44 years is 42.3% and women aged 45 to 49 years have prevalence rate of 34.6%. It mainly occurs due to dysfunction in the hypothalamic pituitary ovarian axis because of underlying factor. Anovulatory dysfunctional uterine bleeding is 80% common then ovulatory bleeding^[2]. It mainly occurs due to incapability of estrogen which is responsible for growth of endometrium. In one of the studies^[3] entitled efficacy of Sabina, cimicifuga and thalaspia bursa in management of cases of dysfunctional uterine bleeding concluded that homeopathic medicines like Sabina, cimicifuga, thalaspia bursa were found effective in management of cases of dysfunctional uterine bleeding. Synthesis simply is nothing but an on-going process of collection and compilation of symptoms converted into rubrics with their corresponding medicines and gradation from different sources^[4, 5]. Dr. Frederik Schroyens was the author of Synthesis Repertory. Synthesis is the repertory which is completely based on sixth American edition of Kent's repertory. Synthesis repertory has been used as a database for the radar software in the daily practice of homoeopaths^[4, 5].

Case

A woman of 30 years old came with the complaints as tabulated in Table 1.

History of present complaints

Patient suffering from profuse menstrual flow from the past six months, menses are very heavy but regular (30 days cycle and duration of seven days), flow is very dark red with large clots in it which exhaust her a lot; must change tampons frequently (5-7 tampons/napkins per day; fully stained). Heaviness in lower abdomen during menses which increase with the flow (more the flow more the sufferings) and decrease by hard pressure.

Family history

Father-Hypertension
Mother-Diabetes mellitus
Sister (elder one)-Hypertension
Grandparents-Died natural death

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Table 1: Detailed complaint of the patient

| Complaints & duration | Location | Sensation & Character | Modalities | Concomitant |
|---|---------------------------|---|--|--|
| Profuse intensity of blood flow with large clots during menses. Onset-for six months from the date she consulted. Duration-menstrual duration of 9 days. Cycle-30 days and regular | Female internal genitalia | Profuse dark red menstrual flow with large clots. Frequent changing of tampons (5-7/day) and fully stained++++ | - | Increased desire for sexual intercourse <during menses+++ Bloating/ distension of abdomen <during flow++++ Leucorrhoea during menses; white, stain the linen, slight offensive+ Weakness and fainting due to profuse menses+ (not frequent) |
| | Lower abdomen | Heaviness feeling+ | Aggravation discharges + Amelioration Hard Pressure+ | |

Past history

Spontaneous abortion (miscarriage) after fall down from a height while descending stairs; when this incident was happened, she was eighteen weeks pregnant.

Gynaecology and Obstetrics history

The Gynaecology and Obstetrics history details of the patient is tabulated in the Table 2.

Table 2: Gynace/obst details of the patient

| | |
|----------------------|---|
| Menstrual cycle | 30 days and regular cycle |
| Menstrual duration | Nine days copious dark clotted blood flow; frequent changing of Tampons/napkins (5-7/day) and fully blood stained++++ |
| Before/During menses | No complaints |
| After menses | Increased sexual desire |
| Leucorrhoea | Distension of abdomen |
| LMP | Weakness and fainting due to excess flow |
| GPLAD | G3P2L2A1D0 |

Personal history

- Appetite: Ravenous at short interval; even after full meal
- Desire: Sweets+++++
- Aversion: Milk++++ (cold as well as hot)
- Thirst: 3l/day, aqua water only
- Perspiration: Forehead; profuse, no odour or staining
- Bowel: Once in a day; satisfactory defecation
- Urination: 6-7 times /day; Satisfactory
- Sleep: 6-7 hrs/ day, sleep with mouth open and snoring in sleep++
- Dreams: Frightful dreams+++
- Habits/Addiction: Tea; 10 cups a day++++ (but tea also aggravate as it causes bloating)
- Thermal: Chilly pt. (easily catches cold in cold weather, ac is unbearable, need covering if ac is on even in summer weather, preferable weather is summer

Life Space

- Birth and early development: all milestones were achieved normally
- Education: Computer engineer (and also interested in coding which help her in coding in developing different games)
- Behaviour during childhood: As a child she groomed very nicely, she got all the attention, affection and princess treatment from everyone in the family and relatives. Parents had fulfilled all her wishes/ demands. In school she was very good at studies and singing, good behave child without any temper tantrums. She like making new friends and always wanted to try

different things like different games, travel at different places which give some spark in her life (hate monotonous life)

- At the age of eleven years, she was attacked by a dog when she was going to market with her mother since then fear of dogs settled in her mind (it is not intense but she avoid dogs). She is very good in playing video games since school time. Since childhood she has a desire to know about everything (constantly ask questions) she can mould things and can develop into unique art from scrape. In college she almost met an accident (she saw one truck is coming from front when she was crossing road; suddenly she got blank and not able to cross it) from that incident her habit of imagination increased. She used to constantly make plans even if the event is very small or far away (her favourite hobby when sitting alone)
- After marriage she was eighteen weeks pregnant and met with an accident and lost her baby; this again triggered her habit of over-thinking and she was completely depressed.

Mental General

- Mental restlessness; constantly thoughts running in mind++++
- Constantly making plans about random things++++
- Desire to play games +++++
- Depressed after a loss++++
- Desire to know about everything+++
- Increased sexual desire ++
- Fear of dogs +

General physical examination

- General built and nutrition: poor/lean thin/underweight (44kgs)
- Nails: Pallor and brittle
- Eyes: Conjunctiva pallor, dark rings around eyes on examination

Local examination

No abnormality detected on speculum examination

Provisional Diagnosis

Dysfunctional uterine bleeding

Laboratory investigation and findings

From the CBC report of the patient (Fig 1.) the Hemoglobin was found 10.7gms% this rules out the possibility of Anemia.

Transvaginal sonography was performed to rule out endometrial thickness.

| PRASATI LABORATORY | | | |
|--|-------------|-----------------------|-------------------------------|
| Patient's Name : <u> </u> | | Age : <u>21 Years</u> | |
| Referred by : <u> </u> | | Sex : <u>Female</u> | |
| Date : <u>10/12/2023 12:30</u> | | | |
| HEMOGRAM | | | |
| Test Name | Result | Units | Biological Reference Interval |
| Hemoglobin : | <u>10.7</u> | g/dl | [12.0-16.0] |
| Total RBC Count : | 4.49 | mill/cmm | [4.2-5.4] |
| Total WBC Count : | 9100 | /cmm | [4000-10000] |
| Platelet Count : | 391000 | /cmm | 150000-450000 |
| Blood Indices | | | |
| P.C.V : | 31.7 | % | [37-47] |
| M.C.V. : | 70.6 | femtolitre | [78-100] |
| M.C.H. : | 23.83 | pg | [27-31] |
| M.C.H.C. : | 33.8 | g/dl | [32-36] |
| Differential WBC Count | | | |
| Polymorphs : | 66 | % | [60 - 70] |
| Lymphocytes : | 28 | % | [20 - 40] |
| Eosinophils : | 04 | % | [1 - 4] |
| Monocytes : | 02 | % | [2 - 6] |
| Basophils : | 00 | % | [0 - 1] |
| BIOCHEMICAL TESTS | | | |
| Test Name | Result | Units | Biological Reference Interval |
| C.R.P,Test : (C Reactive Protein) | <u>19</u> | mg/L | 0.0 - 5.0 |

Fig 1: CBC report of the patient

Evaluation

- Mental restlessness; constantly thoughts running in mind.
- Constantly making plans about random things.
- Desire to play games.
- Depressed.
- Inquisitive.
- Dreams are frightful.
- Increased sexual desire during menses.
- Desire for sweets.
- Aversion to Milk.
- Tea addicted to but also aggravate.
- Distension of abdomen during menses.
- Copious dark red clotted blood flow.
- Sleep with mouth open and snoring in sleep.

Miasm**Tubercular miasm**

Explanation: Dysfunctional Uterine Bleeding which is characterized by profuse hemorrhage or profuse bleeding associated with weakness with sunken eyes, anemia and the most common highlighted feature of Dysfunctional Uterine Bleeding is menorrhagia belong to this miasm. The progressive but profuse bleeding fall under tubercular miasm [6].

Final Diagnosis

Dysfunctional uterine bleeding.

Repertory sheet

The case was reperterise using synthesis repertory 9.0 of the commercial software Radar. The repertory sheet of the patient is shown in Fig 2.

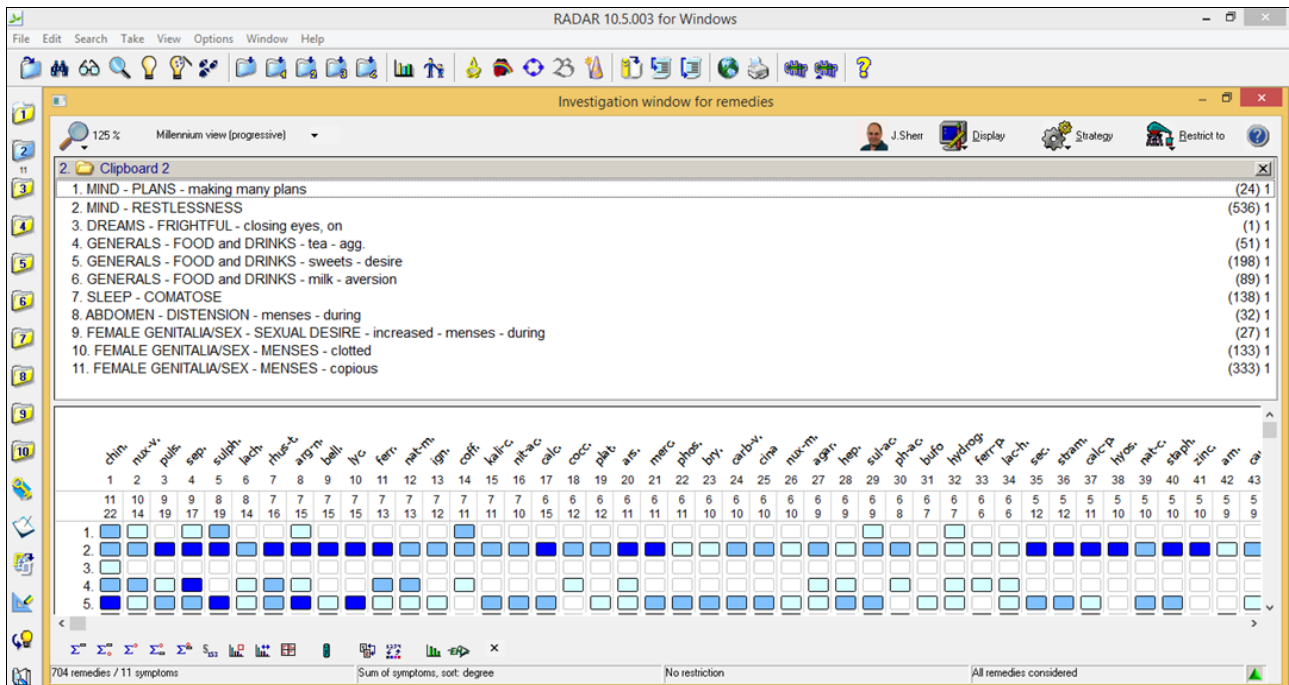


Fig 2: Repertory Sheet

Selection of potency and dose

- China 200 (Stat Dose)
- SL 30 (0-4-0-4) for 15 days

Follow up

| Date | Complaint | Prescription |
|------------|--|--|
| 15/01/2024 | <ul style="list-style-type: none"> • Profuse menstrual flow+++ but character changed from dark to bright red without clots and 5-7 tampons/day • Staining++++ • Bloating abdomen +++ • Mental restlessness++++ • Excessive sexual desire during flow in control ++ • LMP-11/12/23 | Rubrum 30 (0-4-0-4) for 15 days |
| 30/01/2024 | <ul style="list-style-type: none"> • Profuse menstrual flow+++ but character changed from dark to bright red without clots and tampons number same as above • Staining+++ • Excessive sexual desire during menses (30% reduced) • Distension of abdomen+++ • LMP-11/01/24 | China 200 (stat dose) Rubrum 30 (0-4-0-4) for 15 days |
| 15/02/2024 | <ul style="list-style-type: none"> • Menstrual flow in control; number of sanitary napkins per day is 5-7 per day • Staining+++ • Distension of abdomen+++ • Mental restlessness (40% reduced) • Sexual desire in control (30%) • LMP-11/02/24 | China 1M (stat dose) Rubrum 30 (0-4-0-4) for 1 month |
| 16/03/2024 | <ul style="list-style-type: none"> • Menstrual flow in control (80%); number of tampons per day reduced from 5-7 per day to 2 per day • Staining+(70% reduced) • Distension of abdomen (60% reduced) • Constant running of thoughts and making plans tendency (70% reduced) • Not much dependent over games; also invest her time in other activities like singing, drawing; helped her in overcome sadness • LMP-11/03/24 | Rubrum 30 (0-4-0-4) for one month |

Conflict of Interest

Not available

Financial Support

Not available

Conclusion

From the above case report, it was concluded that synthesis repertory is helpful in cases of dysfunctional uterine bleeding and China 200 is very effective and able to cure the cases of dysfunctional uterine bleeding

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