



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2025; 9(1): 21-24

Received: 12-10-2024

Accepted: 13-11-2024

Dr. Olga George

MD (Hom), Professor & HOD,
Department of Gynaecology &
Obstetrics, Vinayaka Missions
Homoeopathic Medical College
& Hospital, College of
VMRFDU, Salem, Tamil
Nadu, India

Dr. S Saravanan

MD (Hom), Professor & HOD,
Department of Pathology &
Microbiology, Govt
Homoeopathy Medical College
& Hospital, Thirumangalam,
Madurai, Tamil Nadu, India

Efficacy of homoeopathy in dysfunctional uterine bleeding with its miasmatic approach: A case series

Olga George and S Saravanan

DOI: <https://doi.org/10.33545/26164485.2025.v9.i1a.1327>

Abstract

Among many complaints of the women, bleeding disorder is commonest. The cause for bleeding disorders are many, but the common cause is dysfunctional uterine bleeding which is one of the significant gynecological complaint and is seen in about 10- 15 percent of women attending gynecological clinic. DUB means heavy or excessive uterine bleeding without any pelvic pathology. This can occur at anytime from puberty to menopause, rarely even after the menopause. The management of dysfunctional uterine bleeding requires a logical rational approach and an awareness of the etiological factors like pituitary ovarian dysfunction, thyroid dysfunction and emotional disturbances etc. Understanding the miasmatic evolution of any disease is a must criterion to arrive at a homoeopathic similimum. To have a detailed understanding of the miasmatic approach of dysfunctional uterine bleeding it becomes necessary to discuss Hahnemann's as well Allen's understanding on chronic miasm. Both of these shares distinctly dissimilar views where it comes to bleeding disorders. This dissertation is an attempt to highlight Efficacy of Homoeopathy in Dysfunctional Uterine Bleeding and its Miasmatic Approach.

Keywords: DUB, Miasmatic approach, case series

Introduction

Dysfunctional Uterine bleeding is defined as abnormal bleeding from the uterus in the absence of an organic disease of the genital tract. There is excessive uterine bleeding without any systemic, haematological or pelvic cause. There is no clinically detectable pelvic pathology- tumour, inflammation or pregnancy. The nature of bleeding is one of menorrhagia, polymenorrhoea; metrorrhagia and continuous bleeding preceded by amenorrhoea. On bimanual examination the uterus and appendages are found to be normal [1].

Incidence

In this country, dysfunctional uterine hemorrhage constitutes about 15 to 20% of all gynecological admissions in an institution. This incidence is higher than that of western country where it is 10% amongst OPD cases. Contrary to the belief that DUB occurs only at extremes of reproductive life, it is seen that 50% cases occur at 20-25 yrs of age, 11% occur in < 20 yrs and 39% occur in > 40 yrs population [3, 4].

Aetiology

The etiology is purely hormonal and that the hypertrophy and hyperplasia of the endometrium are induced by a high titre of oestrogen in the circulating blood.

Pathogenesis

Endometrium normally produces prostaglandins from arachidonic acid, which are fatty acids. Of these, PGE₂, PGI₂ are vasodilators and antiplatelet aggregates. PGF₂ alpha and thromboxane A₂ cause vasoconstriction, and platelet aggregates. Progesterone is responsible for secretion of PGF₂ alpha. In anovulatory cycles, absence of progesterone causes absence or low level of PGF₂ alpha and can cause menorrhagia. In other cases it is observed that tissue plasminogen activator (TPA) which is a fibrinolytic enzyme is increased, and this increased fibrinolysis causes menorrhagia [5].

Corresponding Author:

Dr. S Saravanan

MD (Hom), Professor & HOD,
Department of Pathology &
Microbiology, Govt
Homoeopathy Medical College
& Hospital, Thirumangalam,
Madurai, Tamil Nadu, India

Classification ^[6]

Based on the disturbed function of the cortico-hypothalamo-pituitary-ovarian axis or of the endometrium, the DUB is classified as follows:

Primary: DUB is due to dysfunction present in the endometrium or in hypothalamo- pituitary-ovarian axis.

Secondary: DUB is secondary to organic pathology outside the endometrium or hypothalamo-pituitary-ovarian axis.

Iatrogenic: DUB is secondary to IUCD or steroidal contraceptives.

Clinically DUB is classified as follows**Anovulatory**

- Puberty menorrhagia.
- Metropathia haemorrhagica.
- Premenopausal dysfunctional uterine bleeding.

Ovulatory

- Irregular ripening.
- Irregular shedding.
- IUCD insertion.
- Following sterilization operation.

Homoeopathic approach

Homoeopathy is a therapeutic method, formulated by the rule *similia similibus curentur* let likes be treated by likes. The two elements of the comparison herein implied are the effects of drugs on healthy body and the clinical features of the diseased individual; in each case all being taken into account, which are appreciable by the patient and cognizable by the physicians, but hypothesis being excluded. Medicines selected upon this plan are administered singly (i.e., without admixture), and in doses too small to excite aggravation or collateral disturbance ^[7].

Hahnemann says, "HOMOEOPATHY consists in the administration," not of the infinitesimal doses as is sometimes supposed, but "of a remedy for a disease, which, if given to a person in health, is capable of producing similar (Not identical) symptoms to the disease 'similia similibus curentur', let likes be treated by likes. Refute this truth, if you can, by showing a still more efficacious, certain and agreeable method than mine; refute them not by words, of which we had already too many, but if experience should prove to you, as it has done to me, that my method is the best, make use of it to save your fellow creatures and give the glory to God ^[8]."

Concept of Miasm

The term miasm is from a Greek word Miasma, pollution, polute, a mortific emanation which affects individuals directly. Miasms denotes not an influence from without, but a change from within. Miasms is not a disease - it is the factor which makes the disease - the symptom complex possible ^[9].

J.H. Allen explains, "When Hahnemann says, 'disease is a disturbance of the life force', it means nothing to many of us, because we know so little about this life force that vivifies and animates the human body. It is necessary to understand the Hahnemannian life force theory and the laws that govern it before we can understand anything clearly and

distinctly about disease. We must also know something about the chronic miasms, before we can understand the true cause and the multiple changes in the phenomenon of the disease ^[2].

Kent says the miasms that are at the present day upon the human race are complicated thousand fold by allopathic treatment. Every external manifestation of the miasm in itself a straighten mankind, but the human race is being violently damaged and diseases are being complicated for the reason that these outward expressions are forces to disappear by the application of some violent or stimulating drug ^[9].

William Boericke says, chronic diseases are such as are produced by the infection from the chronic miasm, and which the vital powers of the organism, aided by eugenic, dietetic and sanitary measures are also not able to extinguish, which Hahnemann had explained in his aphorism 78. A disease that comes is not an outside disease. It is a disease, which is basically intrinsic. When we explain Hahnemann's theory of miasm, we see that it is a wonderful imagination of Hahnemann in which he has given practical solutions also. If the inbuilt tendencies are more syctic in nature, the person will develop diseases of that at an early age by giving an anti miasmatic medicine and that is the importance of the discovery of chronic disease of Hahnemann, which will postpone the development of many diseases. The practical application and implication of the Hahnemann's theory of chronic disease is unimaginably superior. It can give the most beautiful results in therapeutics of medical science ^[10].

Materials and Methods

1. The cases for this study were taken from own clinic.
2. 30 cases of DUB were selected which fulfilled the diagnostic criteria by clinical presentation and lab investigations.
3. Women of 14 to 55 were selected.
4. The cases were recorded by keeping in view of holistic and individualistic concept.
5. The characteristic symptoms of the patient were recorded and PQRS, general and particular symptoms were given importance.
6. The miasmatic evaluation was studied in each and every case based upon totality
7. Diagnosis is based on clinical history, examination, and lab investigations.
8. The investigations done were blood routine, bleeding and clotting time and USG abdomen and pelvis
9. Analysis and evaluation were done, rubrics were selected.
10. All the cases were repertorized with the help of Synthesis Repertory
11. All the cases were reviewed once in 30 days, for a minimum period of six months and progress was recorded.
12. Constitutional drugs were given to all cases except a few were specific remedies were also given as SOS.
13. The results were categorized into 4 - Marked Improvement, Moderate Improvement, Mild Improvement and No Improvement based on the criterias like intensity of bleeding, pain and associated symptoms.

Observation and Results

Table 1: Statistical data of age incidence

Sl. no	Age group in years	Number of patients	Percentage
1.	14 - 20	9	30%
2.	21 - 40	3	10%
3.	41 - 45	6	20%
4.	46 - 52	12	40%

Table 2: Statistical data of incidence of pain

Sl. no	Incidence of pain	Number of patients	Percentage
1.	Positive History	3	10%
2.	Negative History	27	90%

Table 3: Associated symptoms present with dub

Sl. No.	Associated symptoms	Number of patients	Percentage
1.	Headache	6	20%
2.	Palpitation	4	13%
3.	White discharge per vagina	4	13%
4.	Faintness	3	10%
5.	Giddiness	3	10%
6.	Distension of abdomen	3	10%
7.	Pain in lower limbs	3	10%
8.	Lower abdominal pain	2	07%
9.	Low back pain	2	07%
10.	Heaviness of head	2	07%
11.	Pain in breast	2	07%
12.	Nausea	2	07%
13.	Heaviness of chest	1	03%

Table 4: medicines administered

Sl. No.	Medicines administered	Number of patients	Percentage
1.	Calcarea carbonicum	6	20%
2.	Natrum muriaticum	5	17%
3.	Phosphorus	3	10%
4.	Pulsatilla	3	10%
5.	Nux vomica	3	10%
6.	Arsenicum album	2	07%
7.	Sulphur	2	07%
8.	Sepia	2	07%
9.	Causticum	1	03%
10.	Nitric acid	1	03%
11.	Cinchona officinalis	1	03%
12.	Cocculus indicus	1	03%

Table 5: treatment results

Sl. no	Treatment results	Number of patients	Percentage
1.	Marked Improvement	20	67%
2.	Moderate Improvement	5	17%
3.	Mild Improvement	3	10%
4.	No Improvement	2	06%

Table 6: miasmatic predominance

Sl. no	Miasms	Number of patients	Percentage
1.	Psora	11	37%
2.	Psora - Syphilitic	13	43%
3.	Psora - Sycotic	4	13%
4.	Psora - Syphilitic- Sycotic	2	07%

Summary

- After understanding the clinical presentations of DUB, I have taken 30 cases for the present study. All the 30 cases were studied in detail to draw the conclusion.
- In my study the highest incidence fall under the age

groups of 40-52, and 14-20, ie. under menopausal and adolescence age group.

- More than 60% of the patients presented with anemia which signifies the need of general management like iron rich food intake, nutritious diet etc.
- Most of the cases were associated with pre-menopausal and menopausal syndrome.
- In my study about 90% of the cases showed painless profuse bleeding, and only 10% associated with dysmenorrhoea.
- After working out the case in R.P Patel's miasmatic repertory it was found that 43% falls under psoro-syphilitic ie., Tubercular miasm, then next comes purely psoric (37%), then Psoro Sycotic(13%) and Mixed miasms(7%)
- In this study constitutional approach is followed, and the drugs used were Calcarea Carb in 6 cases, Nat mur in 5 cases, Phosphorus, Pulsatilla, Nux vomica in 3 cases each, Ars alb, Sulphur, Sepia in 2 cases each, Causticum, Nit. Acid, China, Cocculus in one case each.
- To relieve the acute bleeding, short acting drugs like millefolium, Trillium pendulum were given according to the indication.
- This study also signifies the importance of investigations which includes blood routine, ultrasound etc.,
- In my study of 30 cases, 20 cases (67%) showed marked improvement, 5 cases (17%) showed moderate improvement, 3 cases (10%) showed mild improvement, 2 cases (6%) showed no improvement.
- I conclude this stating that Homoeopathy has a definite role in treating Dysfunctional Uterine Bleeding and the efficacy of homoeopathic remedies in treating DUB have been proved.
- The importance of miasmatic background is also proved by this study, and there is marked improvement, when the drugs are selected under miasmatic background.

Conclusion

Prevalence of dysfunctional uterine bleeding is more in age group between 40-52 and 14-20, which is in adolescence and menopausal period. In most of my cases profuse bleeding is the presenting symptom and it is mostly associated with anemia and symptoms related to it like giddiness, fainting, headache, pain in different parts of the body and palpitation. Calc.Carb and Natrum mur are given in maximum number of cases as constitutional remedy. Phosphorous stands next. Tub bovinum is the frequently indicated antimiasmatic remedy. Trillium Pendulum is frequently given as specific remedy. DUB is predominantly tubercular. Recurrence of DUB is not found. Genetic background for DUB is minimal.

Homoeopathy is quite effective in treatment of DUB if the medicine is similimum and potency and repetition is appropriate.

Conflict of Interest

Not available

Financial Support

Not available

References

1. DeCherney AH, Nathan A. Current Obstetric and Gynaecologic Diagnosis and Treatment. 9th ed. New York: Lange Medical Books.
2. Allen JH. The Chronic Miasms, Psora & Pseudo Psora, Sycosis & Syphilis. Vol 1 & 2. 2nd reprint ed. New Delhi: B. Jain Publishers Pvt Ltd.
3. Basu M, Malik MK. Textbook of Gynaecology. New Delhi: Oxford & IBH Publishing Co; c1971.
4. Rao KB, Roy Chowdhury NN. Clinical Gynaecology. 4th ed. Hyderabad: Orient Longman Publications; c2003.
5. Berek SJ. Novak's Gynaecology. 13th ed. Lippincott Williams & Wilkins; A. Wolters Kluwer Company.
6. Whitefield CR. Dewhurst's Textbook of Obstetrics and Gynaecology for Postgraduates. 6th ed. New Delhi: Blackwell Science, Indian ed.
7. Dhawale ML. Principles and Practice of Homoeopathy. 3rd ed. Bombay: Institute of Clinical Research; c2000.
8. Hahnemann S, Dudgeon R. Organon of Medicine. 5th & 6th ed. Reprint ed. New Delhi: B. Jain Publishers Pvt Ltd; c1995.
9. Hahnemann S. The Chronic Diseases. Reprint ed. New Delhi: B. Jain Publishers Pvt Ltd; c1995.
10. Boericke W. Textbook of Materia Medica. Reprint ed. New Delhi: B. Jain Publishers Pvt Ltd; c1992.

How to Cite This Article

George O, Saravanan S. Efficacy of homoeopathy in dysfunctional uterine bleeding with its miasmatic approach: A case series. International Journal of Homoeopathic Sciences. 2025; 9(1): 21-24.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.