



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2020; 4(4): 15-16

Received: 10-08-2020

Accepted: 12-09-2020

Dr. Mohammed Salauddin

HOD & Professor, Department of Anatomy, Homoeopathy University, Jaipur, Rajasthan, India

Dr. Pramod Kumar Singh

HOD & Professor, Department of Homoeopathic Pharmacy, Homoeopathy University, Jaipur, Rajasthan, India

Dr. Sunil Singh

Principal & HOD, Department of Materia Medica, SNHMC, Kalol, Gujarat, India

Dr. Tulika Shikha

MD (PGR, Department of Paediatrics), Homoeopathy University, Jaipur, Rajasthan, India

Corresponding Author:

Dr. Mohammed Salauddin

HOD & Professor, Department of Anatomy, Homoeopathy University, Jaipur, Rajasthan, India

Adenomyosis and its homoeopathic management

Dr. Mohammed Salauddin, Dr. Pramod Kumar Singh, Dr. Sunil Singh and Dr. APS Chhabra

Abstract

Adenomyosis is a gynaecological condition which needs surgical intervention to be cured. homoeopathic material medica consists solution to this adenomyosis without taking any surgical pain.

Keywords: Adenomyosis, homoeopathy

Introduction

Definition ^[1]

Adenomyosis is a condition where there is ingrowth of the endometrium, both the glandular and stromal components, directly into the myometrium.

Causes ^[1]

The cause of such ingrowth is not known.

It may be related to repeated childbirths, vigorous curettage or excess of estrogen effect. Pelvic endometriosis co-exists in about 40 percent.

Symptoms ^[1]

1. Menorrhagia (70%) - The excessive bleeding for more than 7 days with clots.
2. Dysmenorrhea (30%) - Progressively increased colicky pain during periods.
3. Dyspareunia.
4. Frequency of urination.
5. Infertility- Women with adenomyosis have a higher incidence of infertility and miscarriage.

Physical examination ^[1]

1. Abdominal examination reveals a hypogastric mass arising out of the pelvis and occupying the midline. The size usually does not exceed 14 weeks pregnant uterus.
2. Pelvic examination reveals uniform enlargement of the uterus. The findings, however, may be altered due to associated fibroid or pelvic endometriosis.

Investigations ^[1]

1. **USG (Lower Abdomen) and Color Doppler (TVS):** Shows the location and size of the adenomyosis.
2. **MRI:** It is more specific to the diagnosis. Low signal intensity JZ less than or equal to 8 mm excludes the disease. Whereas JZ thickness of more than or equal to 12 mm is suggestive of adenomyosis.

Homoeopathic therapeutics ^[2]

There are many medicines in homoeopathy which we can prescribe in case of adenomyosis. It is the symptoms found in the patient which decide that what medicine she should be prescribed. The medicines given below are the top medicines covering maximum number rubrics on reportorization. The symptoms of the medicine are given in the following pattern:

- A) Menorrhagia
- B) Dysmenorrhea
- C) Dyspareunia
- D) Frequent urination
- E) Infertility
- F) Other characteristic symptoms

1. *Nux vomica*

Menses too early, lasts too long; always irregular, blood black with faint spells.

Dysmenorrhoea, with pain in sacrum, and constant urging to stool.

2. *Secale cor*

Menses irregular, copious, dark; continuous oozing of watery blood until next period.

Passive haemorrhages in feeble, cachectic women.

Menstrual colic, with coldness and intolerance of heat.

Burning pains in uterus.

Threatened abortion about the third month.

3. *Apis melifica*

Metrorrhagia profuse, with heavy abdomen, faintness, stinging pain.

Dysmenorrhoea, with severe ovarian pains. Soreness and stinging pains; Sense of tightness. Bearing-down, as if menses were to appear.

4. *Lachesis mutus*

Excessive pain on the first day of menstruation; pains all relieved by the flow.

Climacteric troubles, palpitation, flashes of heat, haemorrhages, vertex headache, fainting spells; worse, pressure of clothes.

Coccyx and sacrum pain, especially on rising from sitting posture.

Acts especially well at beginning and close of menstruation

5. *Medorrhinum*

Menses offensive, profuse, dark, clotted; stains difficult to wash out.

Intense menstrual colic. Sensitive spot near os uteri.

Sterility.

Urines frequently at the time of menstruation.

6. *Pulsatilla*

Tardy menses, thick, dark, clotted, changeable, intermittent.

Chilliness, nausea, downward pressure, painful, flow intermits. Diarrhoea during or after menses.

7. *Sepia officinalis*

Menses irregular; early and profuse.

Sharp clutching pains. Violent stitches upward in the vagina, from uterus to umbilicus.

8. *Thuja*

Polypi; fleshy excrescences.

Profuse perspiration before menses.

9. *Pyrogenium*

Uterine haemorrhages.

Menses horribly offensive.

Fever at each menstrual period, consequent upon latent pelvic inflammation.

10. *Apocyanum*

Haemorrhages at change of life.

Blood expelled in large clots.

Metrorrhagia with nausea; fainting, vital depression.

11. *Arsenicum album*

Menses too profuse and too soon.

Pain as from red-hot wires; worse least exertion; causes great fatigue; better in warm room.

Stitching pain in pelvis extending down the thigh.

Leucorrhoea, acrid, burning, offensive, thin.

12. *Belladonna*

Menses increased; bright red, too early, too profuse. Haemorrhage hot.

Menses very offensive and hot.

Cutting pain from hip to hip.

References

1. Konar Hiralal. DC Dutta's Textbook of Gynecology. Enlarged & Revised Reprint of Sixth Edition. New Delhi: Jaypee Brothers Medical Publications (P) Ltd, 2013.
2. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. 9th Edition. New Delhi: B. Jain Publishers (P) Ltd, 2009.