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Menorrhagia and homoeopathic management

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Abstract

Menorrhagia is a symptom denoting excessively heavy menstrual bleeding. It is a complaint that is difficult to verify objectively in many cases, even with a detailed case history. Issues of perception and tolerance of symptoms are important in whether a patient presents to a doctor, and this varies considerably from one society to another. Research studies indicate that the upper limit of normal blood loss is between 60 and 80 ml/month. Above this level women tend to become progressively iron deficient. Hence, any development which may help the precision of this assessment is valuable, and several of these will be discussed.

Causes of menorrhagia can be divided into three groups: (1) pelvic diseases, such as myomata and adenomyosis; (2) systemic disorders, such as coagulopathies and hypothyroidism; and (3) dysfunctional uterine bleeding—a diagnosis of exclusion. Investigations are mainly aimed at improving the precision of the underlying diagnosis, defining the severity of the condition and excluding anaemia. Hence, the most important investigations are a full blood count, a diagnostic hysteroscopy and endometrial sampling. In clinical practice, other specific investigations need only be carried out if there are unusual features in the history or examination, or if previous treatments have failed. In a research situation there have been numerous studies aimed at elucidation of the mechanisms of heavy bleeding and some of these will be reviewed.

Keywords: Myomata, adenomyosis, coagulopathies, hypothyroidism, dysfunctional uterine bleeding

Introduction

Menorrhagia is defined as heavy but regular menstrual bleeding. Idiopathic ovulatory menorrhagia is regular heavy bleeding in the absence of recognisable pelvic pathology or a general bleeding disorder. Objective menorrhagia is taken to be a total menstrual blood loss of 80 mL or more in each menstruation. Subjectively, menorrhagia may be defined as a complaint of regular excessive menstrual blood loss occurring over several consecutive cycles in a woman of reproductive age.

Incidence/Prevalence

In the UK, 5% of women aged 30-49 years consult their general practitioners each year with menorrhagia. In New Zealand, 2-4% of primary-care consultations by premenopausal women are for menstrual problems.

Aetiology/Risk factors

Idiopathic ovulatory menorrhagia is thought to be caused by disordered prostaglandin production within the endometrium. Prostaglandins may also be implicated in menorrhagia associated with uterine fibroids, adenomyosis, or the presence of an IUD. Fibroids have been reported in 10% of women with menorrhagia (80-100 mL/cycle), and in 40% of women with severe menorrhagia (at least 200 mL/cycle).

Prognosis

Menorrhagia limits normal activities and causes iron-deficiency anaemia in two thirds of women proven to have objective menorrhagia. One in five women in the UK and one in three in the USA have a hysterectomy before the age of 60 years; menorrhagia is the main presenting problem in at least half of these women. About half of women who have a hysterectomy for menorrhagia are found to have an anatomically normal uterus.

Aims of intervention

To reduce menstrual bleeding; improve quality of life; and prevent or correct iron-deficiency anaemia, with minimum adverse effects. Women may regard amenorrhoea as a benefit or a harm of treatment, depending on their perspective.

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Outcomes

Menstrual blood flow (assessed objectively [mL/cycle] or subjectively); haemoglobin concentration; quality of life; patient satisfaction; incidence of adverse drug effects; and incidence of postoperative complications. Whether a particular percentage reduction in menstrual blood loss is considered clinically important will depend on pre-treatment menstrual loss and on individual women's perceptions of acceptable menstrual loss.

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Homeopathic approach

Bovista

Premenstrual problems with puffiness in the extremities, fluid retention, and a bloated feeling often indicate a need for this remedy. The woman may feel very awkward and clumsy, and may constantly be dropping things because of swollen-feeling hands. Diarrhea occurring around the time of the menstrual period strongly indicates this remedy.

Calcarea carbonica

PMS with fatigue, anxiety, and a feeling of being overwhelmed suggest a need for this remedy. The woman may have problems with water-retention and weight gain, tender breasts, digestive upsets, and headaches. Periods often come too early and last too long, sometimes with a flow of bright red blood. A general feeling of chilliness, with clammy hands and feet, and cravings for sweets and eggs are other indications for *Calcarea*.

Lachesis

Women who need this remedy are usually intense, with a tremendous need for an outlet, both physically and mentally. Symptoms of PMS include congestion, headaches, flushing, surges of heat, and an intense outspoken irritability—often with strong feelings of suspicion or jealousy. When the flow arrives, it may be heavy, but brings relief of tension. Intolerance of restrictive clothing around the waist or neck is another indication for *Lachesis*.

Lycopodium

PMS with a craving for sweets and a ravenous appetite (sometimes a bulimic tendency) suggests a need for this remedy. Digestive upsets with abdominal bloating and flatulence are often seen, with the person feeling worst in the late afternoon and evening. Menstrual periods may be delayed, followed by a heavy flow that goes on for extra days. A woman who needs this remedy often wears a worried look and lacks self-confidence—although she may be irritable and bossy to pets and family members. A desire to be alone, but with someone in the other room, is another indication for *Lycopodium*.

Natrumuriaticum

A person who needs this remedy usually seems reserved to others, but is deeply emotional inside. She may feel extremely sad and lonely, but gets affronted or angry if others try to console her or sympathize. Depression, anger over minor things, and a need to be alone to cry are often seen when *Natrumur* is needed. Menstrual problems can be accompanied by migraines, or a backache that feels better from lying on something hard or pushing a solid object against the painful place. A craving for salt, strong thirst, and a tendency to feel worse from being in the sun are other indications for this remedy.

Nux vomica

When a woman with PMS is extremely impatient, pushy, and intolerant, this remedy may be of use. Uncomfortable, irregular menstrual periods can be experienced, often with a nagging urge to move the bowels before the flow begins. Constipation is common, and constricting pains may extend to the rectum or tailbone region. Anger, mental strain, physical exertion, and overindulgence in coffee, alcohol, or food can aggravate the problems. The woman often feels chilly and improves from warmth and rest.

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