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Homoeopathy lends helping hand for patients having dysfunctional uterine bleeding associated with thyroid dysfunction - study on homoeopathic prescription based on the quality and quantity of menstrual bleeding

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Abstract

Background: Dysfunctional uterine bleeding recently known as abnormal uterine bleeding is one of the significant health problems and social embarrassment for women who seek health care. It has a significant impact on the Quality of Life of women who belong to the reproductive age group, where they are observed to have a lower quality of life. The prevalence of abnormal uterine bleeding in India is reported to be around 17.9%^[1]. The prevalence of dysfunctional uterine bleeding along with thyroid dysfunction is about 30%^[2].

Objective:

- To study the efficacy of homoeopathic medicines in Dysfunctional Uterine Bleeding associated with Thyroid Dysfunction, prescription based on the Quality and Quantity of the menstrual bleeding.
- To understand the incidence of Dysfunctional Uterine Bleeding associated with Thyroid Dysfunction in women based on their age and socio-economic status.
- To understand the incidence of Dysfunctional Uterine Bleeding caused by thyroid dysfunction.
- To assess the changes in the Thyroid hormone levels with a prescription based on the Quality and Quantity of menstrual bleeding.

Method: This was a prospective clinical research study to understand the management of patients having Dysfunctional Uterine Bleeding associated with Thyroid Dysfunction with Homoeopathic medicines based on the Quality and Quantity of the menstrual bleeding. Fifteen (15) clinical cases diagnosed to have Dysfunctional Uterine Bleeding with Thyroid Dysfunction were selected from the IPD, OPD and Rural centres of Sarada Krishna Homoeopathic Medical College and Hospital. The selected cases would be described directly from willing patients in the pre-structured case record format of Sarada Krishna Homoeopathic Medical College and Hospital via case taking and proper investigations. Data were collected with peculiar emphasis on the age, socioeconomic status and the bleeding patterns. The selection of potency and dosage was done based on the 9 Homoeopathic principles. Assessment period was maximum of six months and the follow ups were recorded periodically.

Results: Among the 15 patients, majority of the patients belonged to the age group 26-35yrs. It was observed that the people belonging to the lower socioeconomic status were more susceptible to Dysfunctional Uterine Bleeding associated with Thyroid Dysfunction. Among the 15 cases, 13 cases showed improvement in their menstrual irregularity when the prescription was given based on the Quality and Quantity of the menstrual bleeding. It was noted that a prescription given based on the Quality and Quantity of the menstrual bleeding has an influence on the Thyroid gland secretions, as the Thyroid hormone levels showed an improvement.

Keywords: Homoeopathy lends, Dysfunctional Uterine Bleeding, social embarrassment

Introduction

Dysfunctional uterine bleeding is a common gynecologic disorder that can affect any woman during her reproductive years^[4]. The confusing term of Dysfunctional Uterine bleeding was not used until the 1930s, Graves introduced the term Dysfunctional Uterine Bleeding to explain the impairment of 3 endocrine factors which control the menstrual function^[5]. Dysfunctional uterine bleeding is an inclusive term with an exclusion of the local and systemic causes. The term dysfunction refers to alterations of the physiologic mechanisms controlling a multiple of cyclic events in women's reproductive function.

These mechanisms are primarily neuroendocrine in nature [3]. DUB is a diagnosis of exclusion, and the clinician must proceed through a logical stepwise evaluation to rule out all other causes of the abnormal bleeding [3]. Dysfunctional uterine bleeding may be divided into two types: ovulatory and non-ovulatory. Anovulatory bleedings are induced by the absence of ovulation and luteal phase of the cycle, and finally leads to hyperestrogenism [2]. In most cases dysfunctional uterine bleeding is associated with anovulation. During the pubertal and perimenopausal periods, anovulatory bleeding is a common occurrence. During these transitional states, the abnormal bleeding has a physiological basis and is secondary to an estrogen withdrawal. Anovulatory bleeding can also be associated with chronic anovulation. The chronic unopposed estrogen that characterizes this disorder causes a continuous proliferation of the endometrium; this can result in abnormal bleeding [4]. The thyroid is a butterfly-shaped, essential endocrine gland situated in the anterior part of the neck (inferior to the larynx and anterior to the trachea), spanning between C5 and T1. The gland is divided into two lobes, which are connected medially by the isthmus [6, 7, 8, 9, 10]. This gland is brownish red in color, highly vascular and rich in nerve supply [6]. The secretion of these hormones is regulated by the hypothalamus through the Thyroid releasing hormone which stimulates the pituitary gland to produce Thyroid Stimulating hormone, which in turn stimulates the thyroid gland to secrete T3 and T4 [11, 12]. These thyroid hormones regulate the body's metabolic rate by maintaining the cardiac, musculoskeletal and gastrointestinal functions, brain development and bone maintenance [13]. These hormone levels are also responsible for maintaining a normal reproductive behavior and physiology, as they modulate the metabolism and development of the ovarian, uterine and placental tissues [14, 15].

Materials and Methods

Study setting

The clinical Research study took place in the Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekaram, Kanyakumari District.

Study design

This was a prospective clinical research study to understand the management of patients having Dysfunctional Uterine Bleeding associated with Thyroid Dysfunction with Homoeopathic medicines based on the Quality and Quantity of the menstrual bleeding. Fifteen (15) clinical cases diagnosed to have Dysfunctional Uterine Bleeding with Thyroid Dysfunction were selected from the IPD, OPD and Rural centres of Sarada Krishna Homoeopathic Medical College and Hospital. The selected cases would be described directly from willing patients in the prestructured case record format of Sarada Krishna Homoeopathic Medical College and Hospital via case taking and proper investigations. Data were collected with peculiar emphasis on the age, socioeconomic status and the bleeding patterns. The selection of potency and dosage was done based on the 9 Homoeopathic principles. Assessment period was maximum of six months and the follow ups were recorded periodically.

Research participants

Rural and Urban populations seeking treatment from Sarada Krishna Homoeopathic Medical College and Hospital were the research participants.

Inclusion criteria

- Women of the reproductive age group(15-40 years)
- Only the patients having dysfunctional uterine bleeding with thyroid dysfunction
- Those who are having dysfunctional uterine bleeding with a previous history of thyroid dysfunction but now are having thyroid dysfunction under normal levels.
- Patients who have not used any hormonal pills.

Exclusion criteria

- Pregnant and lactating women
- Patients undergoing other modes of treatment for any other systemic pathologies.
- Patients who are not willing to disclose their proper symptoms.

Sampling method: Purposive sampling

Sample size

15 cases

Statistical analysis

The quality and quantity of the menstrual bleeding and the Thyroid function test results were compared before and after the treatment.

Observation and results

Graphical Representations

Table 1: Distribution based on age group

Age Group	Number of Patients
15 – 25 years	1
36 - 40 years	5
26 - 35 years	9

Table 2: Distribution based on Socio economic status

Socio Economic Group	Number of Patients
Low	9
Moderate	6
High	0

Table 3: Distribution based on medicine Prescribed

Remedies prescribed	No. of patients
Pulsatilla	5
Lachesis mutus	2
Natrummuriaticum	2
Sepia officinalis	2
Plumbummetallicum	1
Thyroidinum	1
Trillium pendulum	1
Sabina	1

Table 4: Distribution based on Improvement in the menstrual complaints

Improvement in Menstrual complaint	No. of patients
Shown improvement	13
Not shown improvement	2

Table 5: Distribution of cases based on Improvement in Thyroid Hormone Levels

Thyroid level	Number of Patients
Improved	9
Unimproved	6

Table 6: Distribution of Pre and post assessment of cases based on TSH levels

Thyroid level	
Before	After
6.0 mIU/L	1.9 mIU/L
6.5 mIU/L	3.2mIU/L
6.8 mIU/L	2.8mIU/L
7.5 mIU/L	3.6mIU/L
7.6 mIU/L	3.2mIU/L
7.7 mIU/L	2.6mIU/L
8.8 mIU/L	3.9mIU/L
9.3 mIU/L	4.7 mIU/L
10.1 mIU/L	6.4mIU/L
11.6 mIU/L	7.0mIU/L
12.9 mIU/L	4.4mIU/L
13.3 mIU/L	8.6mIU/L
60.8 mIU/L	40mIU/L
71.8 mIU/L	>100mIU/L
Above 100 (>100) mIU/L	86mIU/L

Table 7: Distribution of post assessment of cases based on TSH levels and menstrual bleeding

Post treatment	Thyroid Stimulating Hormone	Menstrual Symptoms
Improved	9	13
Unimproved	6	2

Discussion

Dysfunctional Uterine Bleeding (DUB) is one of the most common clinical Gynecological conditions of the women belonging to the reproductive age group. DUB is caused by various factors among which Thyroid Dysfunction is the most important factor. Fifteen Cases diagnosed to have DUB, satisfying both inclusion and exclusion criteria from Sarada Krishna Homoeopathic Medical College were subjected for this study. The cases were recorded, analysed to elucidate the totality to select a proper medicine giving special emphasis on bleeding quality and quantity. The difficulties and discomforts of the patients were compared before and after treatment, based on their bleeding pattern and their Thyroid Function Tests.

Based on the analysis from 15 cases, following observations are made comparing with the available literature. In the sample of 15 cases, 60% (n=9) patients are between 26-35 age groups, 33.3% (n=5) patients are between 36-40 age groups and 6.7% (n=1) patients between 15 – 25 age groups. Various studies on the DUB showed that the incidence advances with age, mostly above 40 years [16]. In my study, the most affected age group is 26-35 years. Possibly this difference shall occur because of the low number of samples or availability of samples based on inclusion and exclusion criteria. In this study most affected groups are between the age group of 26-35 years.

Based on Socio economic status, 60% (n=9) patients belong to low economy, 40% (n=6) patients belong to Moderate economy. It is indicating that socioeconomic status plays a crucial role in Dysfunctional uterine Bleeding as well as in an individual's health [17]. This study supports the existing

theories.

In remedies selected, Pulsatilla Nig. was seems to be most frequently used, and it corresponded with existing homoeopathic literature. The timing, amount, and nature of the menstrual flow are changeable—as are the woman's moods—when Pulsatilla is the remedy. The woman usually is emotional and needy, wanting a lot of attention and comforting [18]. Medicines like Lachesis mutus, Natrummuriaticum, Sepia officinalis, Plumbummetallicum, Thyroidinum, Trillium pendulum and Sabina also used in treatment. Out of 15 cases, 86.6% (n=13) cases show improvement in menstrual bleeding. But in 13.4% (n=2) cases, patients went for gynecology consultation and improved with allopathic mode of treatment. This showed that homoeopathic medicines have a marked action and effects managing the menstrual irregularities. More hormonal parameters are needed to make it clear the effectiveness of Homoeopathy in female complaints.

In the Fifteen (15) cases, analysis based on Thyroid Hormone, 60% (n=9) cases shows improvement. In these nine cases, the Thyroid Stimulating Hormone (TSH) levels became normal. But in 33.33 % (n=5) cases the TSH levels become improved than before, but not to normal levels. In 6.67 % (n=1) case TSH level increased after treatment. From this part, it was evident that a prescription based on quality and quantity of menstrual bleeding was effective in managing thyroid abnormalities in patients having DUB.

In fifteen cases, 46.66 % (n=7) cases belong to subclinical Hypothyroidism, and 53.33% (n=8) cases of clinical hypothyroidism. Subclinical hypothyroidism is the main reason for the early stage of the DUB and it will progress to overt hypothyroidism in patients who have subclinical hypothyroidism over years [19]. If left untreated. From this study it is assuming that in cases of clinical hypothyroidism a chronic treatment is needed to normalize the thyroid levels.

While comparing in correlation between the post treatment status of thyroid and menstrual complaints was remarkable. 86.66 % (n=13) showed marked improvement in menstrual irregularities but only 60 % (n=9) showed improvement in thyroid dysfunction. This result shows the effectiveness of Homoeopathic remedies on DUB and Thyroid impairments. But these results need further studies to correlate the roles of Thyroid over DUB. Further investigations are required to open up the reasons for DUB rather than thyroid.

In the treatment of 15 cases, it was clear that Homoeopathy treatment has a definite role in managing the dysfunctional uterine bleeding cases. Chronic treatment is adequate in the cases having Hashimoto's thyroiditis or other pathologic manifestation having long running nature.

Conclusion

A clinical study was conducted among 15 cases of Dysfunctional Uterine Bleeding associated with Thyroid Dysfunction.

- Majority of the patients belonged to the age group 26-35yrs.
- People belonging to the lower socioeconomic status were more susceptible to Dysfunctional Uterine Bleeding associated with Thyroid Dysfunction.
- In 15 cases, 13 cases showed improvement in their menstrual irregularity when the prescription was given based on the Quality and Quantity of the menstrual bleeding.

- A prescription given based on the Quality and Quantity of the menstrual bleeding has an influence on the Thyroid gland secretions, as the Thyroid hormone levels showed an improvement.

Reference

1. Rastogy A. Abnormal uterine bleeding [Internet]. Abnormal uterine bleeding | National Health Portal of India. National Institute of Health and Family Welfare (NIHFW), by the Ministry of Health and Family Welfare (MoHFW), Government of India; 2017 [cited 2020 Jan 1]. Available from: <https://www.nhp.gov.in/disease/gynaecology-and-obstetrics/abnormal-uterine-bleeding>
2. Deshmukh V, Sandhu GK, Rachakonda L, Kakde M, Amp PAS. Knowledge, attitudes and practices (KAP) regarding menstruation among girls in Aurangabad, India and their correlation with sociodemographic factors. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* 2019;8(3):979. Doi: 10.18203/2320-1770.ijrcog20190868
3. Scommegna A MD, Amp Dmowski PW MD. Dysfunctional Uterine Bleeding: Clinical Obstetrics and Gynecology 1973. Retrieved January 05, 2020, from https://journals.lww.com/clinicalobgyn/citation/1973/09000/dysfunctional_uterine_bleeding.15.aspx
4. Bayer SR. Clinical Manifestations and Treatment of Dysfunctional Uterine Bleeding. *JAMA: The Journal of the American Medical Association* 1993;269(14):1823-5.
5. Fletcher J. <https://www.medicalnewstoday.com/2019Oct5> [cited 2020 May 20]; Available from: <https://www.medicalnewstoday.com/articles/326906>
6. Aleppo G. Thyroid Gland: Overview [Internet]. *Endocrine Web* 2019. [cited 2020 May 20]. Available from: <https://www.endocrineweb.com/conditions/thyroid-nodules/thyroid-gland-controls-bodys-metabolism-how-it-works-symptoms-hyperthyroid>
7. Bancos I. Thyroid Hormones [Internet]. *Hormone Health Network* 2018. [cited 2020 May 20]. Available from: <https://www.hormone.org/your-health-and-hormones/glands-and-hormones-a-to-z/hormones/thyroid-hormones>
8. Betts GJ, Young KA, Wise JA, Johnson E, Poe B. 17.1 An Overview of the Endocrine System - Anatomy and Physiology [Internet] 2013. [cited 2020Mar20]. Available from: <https://openstax.org/books/anatomy-and-physiology/pages/17-1-an-overview-of-the-endocrine-system>
9. Jones O. The Thyroid Gland [Internet]. *Teach Me Anatomy* 2019. [Cited 2020 Sep 20]. Available from: <https://teachmeanatomy.info/neck/viscera/thyroid-gland/>
10. Shiel Jr WC. Definition of Thyroid hormones [Internet]. *Medicine Net. Medicine Net* 2018. [cited 2020 May 20]. Available from: <https://www.medicinenet.com/script/main/art.asp?articlekey=5780>
11. Romito K, Husney A. Thyroid Hormone Production and Function [Internet]. *Thyroid Hormone Production and Function | Michigan Medicine*. 2019 [cited 2020 Sep 20]. Available from: <https://www.uofmhealth.org/health-library/ug1836>
12. Bowen R. [Internet]. Mechanism of Action and Physiologic Effects of Thyroid Hormones. *VIVO Pathophysiology*; [cited 2020 Sep 20]. Available from: <http://www.vivo.colostate.edu/hbooks/pathphys/endocrine/thyroid/physio.html>
13. Silva JF, Ocarino NM, Serakides R. Thyroid hormones and female reproduction [Internet]. 2018 [cited 2020 Jun 20]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/29767691>
14. Holland K. Hypothyroidism: Causes, Symptoms, Treatment, Diet Amp; More [Internet]. *Health line. Health line Media* 2017. [Cited 2020Jul20]. Available from: <https://www.healthline.com/health/hypothyroidism/symptoms-treatments-more>
15. Pathak N. Hypothyroidism (Underactive Thyroid): Symptoms, Causes, Tests, Treatments [Internet]. *WebMD. WebMD*; 2020 [cited 2020Sep5]. Available from: <https://www.webmd.com/women/hypothyroidism-underactive-thyroid-symptoms-causes-treatments>
16. Sun Y, Wang Y, Mao L, Wen J, Bai W. Prevalence of abnormal uterine bleeding according to new International Federation of Gynecology and Obstetrics classification in Chinese women of reproductive age: A cross-sectional study [Internet]. *Medicine. Wolters Kluwer Health* 2018 [cited 2020Jul1]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6081150/>
17. Matteson KA, Raker CA, Clark MA, Frick KD. Abnormal uterine bleeding, health status, and usual source of medical care: analyses using the Medical Expenditures Panel Survey [Internet]. *Journal of women's health* (2002). *Mary Ann Liebert, Inc* 2013 [cited 2020 Sep 18]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3820123/>
18. PK Menstrual Problems (PMS and Menorrhagia) (Homeopathy) Remedy Options [Internet]. *Menstrual Problems (PMS and Menorrhagia) (Homeopathy). Kaiser Foundation Health Plan* 2012. [Cited 2020Sep14]. Available from: <https://wa.kaiserpermanente.org/kbase/topic.jhtml?docId=hn-2241003>
19. Hooja N, Singh N, Premlatamital P, Bhargava S, Kumawat A. Relationship of education and socio-economic status with knowledge about abnormal uterine bleeding and its risk factors. *International Journal of Community Medicine and Public Health* 2016;3(8):2229-32.