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Adenomyosis and homoeopathy

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Abstract

Adenomyosis is a gynaecological condition which is due to the ingrowth of the endometrium directly into the myometrium. It primarily occurs in the age group of 35 years in parous women. It is associated with menorrhagia (70%), pelvic endometriosis (40%), and dysmenorrhoea. These are the chief complaints. And this condition requires surgical intervention to attain a cure, whereas homoeopathic Materia Medica consists of remedies which help in treating this condition without taking any surgical pain.

Keywords: Adenomyosis, Parous women, menorrhagia, dysmenorrhoea, homoeopathic indications

Introduction

Adenomyosis, which is also called endometriosis internal. And in this condition, there is ingrowth of the endometrium i.e. both the glandular and stromal components, directly into the myometrium^[1].

Causes

The cause of such a condition is not known. It is commonly in women with increased parity, it can be due to repeated childbirths (or) due to the effects of excess estrogen, and vigorous curettage^[1].

Pathology

- It can affect the anterior and posterior walls, but the posterior wall is most commonly affected.
- In about 60% of women with this condition, have coexistent pathology like endometriosis (or) endometrial hyperplasia, Myoma.
- In the endometrium, the growth and tissue reaction depends upon the ectopic endometrial tissue response to the ovarian steroids.
- The tissue reaction is much less, when the basal layer is only present, which is unresponsive to hormones.
- And the tissue reaction is much marked, when the functional zone is present, which is responsive to hormones.
- The diffuse enlargement of the uterus is due to myometrial hyperplasia, which is symmetrical. But at times, it is more on the posterior wall. And this growth can be localized (or) may invade a polyp ^[1].

Symptoms

This condition is usually seen in parous women around the age of 40 years Some women are asymptomatic and others present with symptoms like....

- Menorrhagia: Abnormal heavy menstrual bleeding.
- Dysmenorrhoea: progressively increased painful menstruation.
- Backache

- Due to an enlarged and tender uterus, there is a frequency of urination (or) Dyspareunia.
- Infertility: There is a higher incidence of infertility and miscarriage in women with Adenomyosis ^[1, 2].

Physical Examination:

• If the patient comes with a history of menorrhagia with accompanying dysmenorrhoea One should consider the possibility of Adenomyosis^[2].

- On abdominal examination, a hypogastric mass may be revealed, arising out of the pelvis and occupying the midline. The size of the uterus usually doesn't exceed a pregnant uterus of 14 weeks^[1].
- On pelvic examination: the uniform enlargement of the uterus is revealed during a pelvic examination
- The findings might be altered due to associated pelvic endometriosis (or) fibroids^[1].

Investigations

- USG-lower abdomen shows the location and size of the endometriosis Interna (Adenomyosis).
- MRI: Shows the asymmetrical thickness of the uterus (posterior > anterior)
- Small myometrial hypoechoic cysts which give a honeycomb appearance
- And J- Z Thickness is >=12 mm.
- The uterus is globally enlarged^[1].

Repertorial View

Boericke Repertory

- Female Sexual System: Menorrhagia-(Profuse, Premature flow) page no: 1123
- Female Sexual System-Dysmenorrhoea–Page No: 1122
- Urinary System-frequent, Desire page no: 1083
- Locomotor System-Aching, dull, constant (Backache)-Page No: 1168 ^[13].

Clarke Repertory

- Menorrhagia–page no 75
- Dysmenorrhoea–page no 36 ^[4]

Kent Repertory

- Genitalia Female: Menses, painful, dysmenorrhoea page: 727
- Genitalia Female: Heaviness-uterus-menses during; Page No: 719
- Genitalia Female: Congestion–uterus–Page No: 716
- Genitalia Female: Vaginismus Page No:745
- Genitalia Female: Abortion Page No 715
- Genitalia Female: Sterility page no 744
- Bladder: Urination, frequent page: 657^[5]

Homoeopathic Therapeutics

Homoeopathic Materia Medica consists of very effective remedies for treating this condition. So on the basis of symptoms similarity, we can prescribe medicines

- 1. Aletris Farinosa: It is indicated, that menses- too soon with colic, and light coloured with a cough before menses.For premature profuse menses with labour-like pains; Menorrhagia, profuse, black with coagula; fullness and weight in the lower abdomen. Tendency to habitual abortion; sensation of weight in the uterine region and also the tendency to prolapse ^[4].
- 2. Trillium Pendulum: It is indicated for uterine haemorrhages, with the sensation as though hips and back were falling to pieces, better by tight bandages. On least movement, there is gushing of bright blood from the uterus. Flow returns every two weeks ^[3, 4]. Metrorrhagia at climacteric. Haemorrhage from fibroids For threatened abortion at 3rd month. For antepartum Haemorrhage and also for postpartum Haemorrhage, it is indicated.

- **3. Rosmarinus Officinalis:** It is indicated for menses-too early with violent pains followed by uterine haemorrhage and miscarriage succeeded by faintness^[4].
- 4. Thlaspi Bursa: Metrorrhagia is too frequent and copious menses haemorrhage with violent uterine colic and profuse every alternate period ^[3, 4]. Scarcely recovers from one period before another begins. Premature menstruation; the first day she hardly had a show, the second day a haemorrhage with severe colic and expulsion of clots, flow lasted eight to fifteen days with a state of exhaustion.

 Secale Cornutum: It is indicated in menstrual colic, with coldness and intolerance of heat. Menses-irregular, copious, dark; continuous oozing of watery blood until the next period. For threatened abortion about third month. For passive haemorrhages in feeble, cachectic women. Burning

haemorrhages in feeble, cachectic women. Burning pains in the uterus; Discharge of blood during pregnancy ^[3,4].

- **6. Medorrhinum:** It is when menses are offensive, profuse, dark, clotted, stains are difficult to washout, urinates frequently at that time for sterility, it is indicated for Metrorrhagia and intense menstrual colic. It is indicated ^[3].
- 7. Viburnum Opulus: Menses began ten days early (always regular before); pain in back and cramps lasted throughout the period. For spasmodic and membranous dysmenorrhoea.

When attempting to sit up-she faints. It is indicated for sterility as a result of frequent and very early miscarriage.

- Sepia: Menses too late and scanty, irregular, early and profuse; sharp clutching pains.
 Violent stitches upward in the vagina, from the uterus to the umbilicus. The vagina is painful; especially on coition. It is indicated for menses–profuse and colic before menses. Tendency to abort 5th to 7th month ^[3].
- **9.** Lachesis: Climacteric troubles, palpitation flashes of heat, for haemorrhages. For coccyx and sacrum pain, especially on rising from a sitting posture. It acts especially well at the beginning and close of menstruation. And for miscarriages ^[3].
- **10. Mag Phos:** It is indicated for menstrual colic. For membranous dysmenorrhoea.

Menses; too early, dark, stringy. Vaginismus ^[3].

11. Sabina: menstrual flow is partly fluid and partly clotted with offensiveness; it may be either bright red or dark and coagulated; flow occurs in paroxysms, which are brought on by slightest motion and flow ceases when walking about. Menses continue too long. For miscarriage especially in the 3rd month ^[4].

Conclusion

This review article is about, how homoeopathic remedies are effective in managing and curing surgical diseases like Adenomyosis. Surgery is the usual choice of treatment for Adenomyosis in the conventional mode of treatment. After hormonal therapy and hysterectomy, side effects are numerous, and surgical diseases like Adenomyosis can be treated with Homoeopathic medicines effectively.

Avoidance of surgery and preservation of the uterus especially in the reproductive age group is possible through the homoeopathic mode of treatment.

Reference

- 1. Hiralal Konar. DC Dutta'S textbook of gynaecology 8th edition, Jaypee brothers Medical publishers, 2020, 262.
- Padubidri VG, Daftary SN. Howkins and Bourne, Shaw's Textbook of Gynaecology 16th edition, Reed Elsevier India Private Limited.
- 3. William Boericke. New Manual of Homoeopathic Materia Medica and Repertory (with Relationship of Remedies), Mayur Jain Indian Books & Periodical publishers, the reprint edition; c2015.
- 4. A Clinical Repertory to the Dictionary of Materia Medica by John Henry Clarke.
- Repertory of the Homoeopathic Materia Medica J.T. Kent, B. Jain Publishers (Pvt. Ltd.), Reprint from 6th American Edition.
- HC Allen MD. Keynotes Rearranged & Classified with leading remedies of the Materia medica added with other leading Nosodes & Bowel Nosodes 13th edition. New Delhi Indian Books & Periodical Publishers.

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