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Uterine prolapse: Homoeopathic approach

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Abstract

Uterine prolapse is most common condition in day to day practice among parous women. Prolapse of uterus is in or out of the vaginal wall. Most common gynecological condition affecting both in developing and developed countries. Homoeopathy plays an important role in providing effective treatment and helps in assisting the maintenance of supports of uterus.

Keywords: Prolapse of uterus, homoeopathy, abdomen

Introduction

Uterine prolapse means uterus descended from normal position in the pelvis further down into vagina. Prolapse of uterus is the herniation of uterus in or out of the vagina. Major health related issue which is usually affecting women in developing and developed countries. Usually uterus and vagina are placed in the position due to supports of vagina & uterus, when these supports are effected or develop any weakness gradually this causes downward movements of uterus and wall of vagina. Uterine prolapse may happen at any age, but effects postmenopausal women who had more vaginal deliveries. Weakening of pelvic floor muscles leads to uterine prolapse which leads to damage to supportive tissue during pregnancy and child birth, effects of gravity, loss of oestrogen.

Causes

- 1. Birth injury
- 2. Delivery of Big baby
- 3. Peripheral nerve injury
- 4. Loss of pelvic support
- Post-partum cough

Types of Prolapse

Uterovaginal prolapse: Prolapse of Uterus, Cervix and Upper vagina, accompanied by cystocele

Congenital Prolapse: Called as nulliparous prolapse.

Classification of Prolapse

- **1. Normal:** External OS lies at the level of Ischial spines. No prolapse.
- **2. First Degree:** Uterus descends down from its normal anatomical position but the external OS still remains above the introitus.
- **3. Second degree:** External OS protrudes outside vaginal introitus but uterine body still remains inside vagina.
- **4. Third degree:** Uterine cervix and body and fundus descends to lie outside the introitus.
- **5. Procidentia:** Involves prolapse of uterus with aversion of entire vagina.

Clinical features

- 1. Feeling of something coming down per vaginam.
- 2. Backache, dragging pain in pelvis.
- 3. Dyspareunia.
- 4. Difficulty in passing urine.
- 5. Painful micturition.
- 6. Stress incontinence.
- 7. Bowel incontinence

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1. Sepia

Bearing down sensation as if everything would come out. Sitting with cross legs will help in decreasing the bearing down sensation. Violent stitches upwards in vagina. Lancinating pain from uterus to umbilicus.

Painful vagina, Irregular menses, Decreased sexual desire. Thin built with narrow pelvis. Irritable, Indolent, quarrelsome, great sadness, weeping, consolation aggravates. Aggravation by cold, Am melioration by Sitting with crossed legs.

2. Lillium Tigrinum

Uterine prolapse with general laxity of ligaments. Bearing down sensation. Unable to move, fearful as if womb would drop. Constant desire to defecate and urinate with prolapse. Weakness of uterus. Menses are early, scanty, dark offensive cease on lying down. Increased sexual desire, hot patient, Anxious, Fearful as if suffering from incurable disease. Aggravation by Warm room. Am melioration by fresh air, keeping herself busy.

3. Murex

Bearing down sensation, sensation as if internal organs would be pushed out. Sore pain in uterus. Conscious of the womb. Pain from Right side of uterus to right or left breast. Agg by lying down, Amm by pressure.

4. Aletris Farinosa

Prolapse with pain in right inguinal region. Easy exhaustion. Premature and profuse menses with labour like pain.

5. Conium maculatum

Best remedy suited in old maids and women. Sensation as of bearing down with pain in labia. Indicated in cancerous and scrofulous persons. Sweats day and night.

6. Helonias Dioica

Prolapse uterus with dragging pain in sacral region. Soreness sensation in uterus. Backache, Chilly patient, Worn out sensation, Intolerance to contradiction. Agg by thinking about complaints.

7. Conflict of Interest

Not available

8. Financial Support

Not available

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