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Role of homoeopathy in the management of induced abortion: A brief case discussion

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Abstract

Homoeopathy discovered by Dr. Samuel Hahnemann is the safest form of treatment for the humankind. He focussed on the treatment without any ill-effects or harming the sufferer. Abortion, having many worse effect on the human body can be managed by sophisticated use of Homoeopathy. In this case, of induced abortion, from 4 months was managed by the homoeopathic medicine Sulphur as per the portrait of the case. Homoeopathic prescription is incomplete without the use of repertory. The case result showed the power of prescription through the correct similimum that someone could expect with the surgical interference; whilst this case overpowers such notion.

Keywords: Abortion, pregnancy, misoprostol, mifepristone, ectopic pregnancy, homoeopathy, repertory

Introduction

Discontinuation of the pregnancy before the foetus is viable to live in extra uterine condition without any support is medically termed as abortion. These days, "foetus removal is quite possibly of the most normal gynaecological encounters and maybe the larger part of ladies will go through a foetus removal in the course of their lives." There are few health risks associated with safe abortions; however, "every year, close to 20 million women risk their lives and health by undergoing unsafe abortions," and 25% will experience a complication that will have long-term effects." A crucial component of women's reproductive health care is abortion care. Surgical and medical abortions are safe and effective at all gestational ages where they are performed. Complication rates remain low and are comparable between surgical and medical procedures, despite the fact that risks rise with gestational age. Women should be able to choose their preferred method of abortion from a high-quality abortion service. More than 50 years have passed since the World Health Assembly recognized abortion as a serious issue affecting public health. The difficulty persists. The magnitude of the problem and its impact on individuals and society, inequity of the burden of disease, and an international consensus of the global health community dictate that addressing the issue of unsafe abortion is a national and global public health imperative. Cost-effective public health interventions like sexuality education, the use of effective contraception, the provision of safe, legal induced abortions, and high-quality humane post abortion care could prevent nearly every abortion-related death and disability. Due to diverse national restrictive legal regulations, prevalent stigma, and a lack of political commitment, safe abortion continues to be a public health challenge. It is the social responsibility of health professionals to inform legislators, policymakers, and the general public about the detrimental effects that restrictive abortion regulations, laws, and policies have on women's health.

Methods of terminating pregnancy

Pregnancy termination during the first trimester (TOP) is safe and effective. The surgical abortion rate is approximately 97%, while the medical abortion rate is approximately 95%. The preferred technique for surgical TOP is vacuum aspiration (VA), which can be accomplished through manual aspiration or electrical suction. In VA, the risk of significant bleeding is less than 5%, and major complications are less than 1%. Utilizing prophylactic antibiotics or the screen-and-treat strategy can significantly reduce the risk of infection following VA. Misoprostol can also be given before surgery to lower the risk of complications. For medical TOP during the first trimester, the combination of 200 mg mifepristone and 800 mg misoprostol taken 24-48 hours apart is recommended.

Misoprostol can be used alone if mifepristone is unavailable; however, multiple doses may be required and the complete abortion rate may be lower. Medical TOP may require multiple misoprostol doses over the course of nine weeks of pregnancy due to the drug's decreased efficacy in more advanced gestation. With this regimen, the overall abortion rate is 95% or higher. Up to 50% of women experience gastrointestinal problems, but major complications are uncommon. TOP did not have a lower gestational week limit, but extra care must be taken to ensure that procedures have been completed and an ectopic pregnancy has not occurred.

Abortion in the second trimester (after 12 weeks of gestation) can be performed surgically or medically. The preferred method is an induced abortion using a mifepristone and misoprostol regimen; for medical abortion, misoprostol alone is effective where mifepristone is unavailable. The procedure of choice for surgical abortions is dilation and evacuation (D&E), and adequate cervical preparation significantly contributes to safety. The method of abortion that is likely to be carried out in a given setting is influenced by a number of factors, including the capability to control pain, the skill and comfort of the provider, client preference, cultural considerations, and local laws. When provided by a trained and experienced provider, modern surgical procedures and medical treatments are both safe and effective.

Abortion rates are not reduced by legal restrictions on safe abortion. Whether a woman lives in a region where abortion is highly restricted or available on request, her chances of having one are roughly the same. While the number of legal and safe abortions has recently decreased, the number of unsafe abortions has not, despite the fact that they are completely preventable. The most important way to prevent unintended pregnancies is to offer modern contraceptive information and services. Abortion that is safe will stop abortions that are unsafe. Women should always have access to services for family planning and post-abortion care. Without addressing unsafe abortion and the associated mortality and morbidity, it is unlikely that the Millennium Development Goal to improve maternal health will be accomplished.

Tragically, almost half of all abortions worldwide are performed in unsafe settings, typically in nations where abortion is outlawed or severely restricted. Maternal disability and death are largely attributable to these risky abortions. Abortion is not prevented by restricting a woman's access to it; rather, it increases the risk of abortion.

There are numerous barriers to safe abortion, including legal ones, health policy barriers, a lack of trained healthcare workers, and the stigma associated with abortion.

MTP ACT: The Medical Termination of Pregnancy (Amendment) Act of 2021 ensures universal access to comprehensive care by expanding access to safe and legal abortion services on therapeutic, eugenic, humanitarian, and social grounds. The new law, which went into effect on March 25, 2021, will help meet the Sustainable Development Goals (SDGs) by ending maternal mortality that could have been prevented.

Case history: A 25 year old female visited to OPD of Naiminath Homoeopathic Medical College, Hospital And Research Centre on February 06TH, 2023 with the presenting complaint of profuse dark coloured bleeding per vagina since 4 months after the use of oral contraceptive pill to induce abortion.

Chief Complaint: The chief complaint was accompanied by extreme weakness and coughing with chest pain.

Past Illness: The patient had history of past illness of tuberculosis of lungs, of which she had completed the 9 months of ATT course.

Family History: No grievous family history was reported.

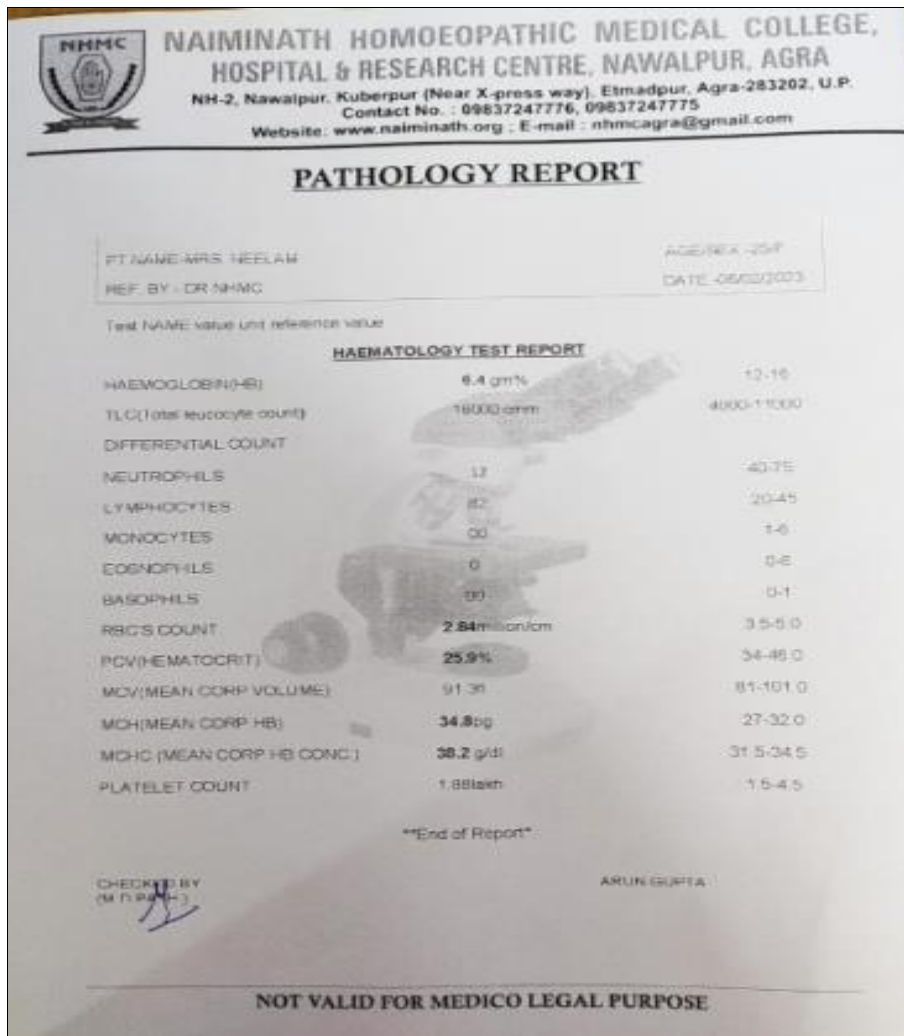
Personal History: The patient was married, a housewife and had preliminary education. She has obstetrical history of 2 children with normal labour and 2 induced abortions accounting of 4 gravida in total.

Physical Generals: She also complained of burning urination and burning sensation all over the body as form of internal heat.

Mental Generals: The patient felt lethargy all day, always felt as if something is moving in her abdomen. The patient admitted the consumption of OCP without any medical assistance.

Diagnosis: According to ICD-10 code: O03.1 Spontaneous abortion Incomplete, complicated by delayed or excessive haemorrhage.

Investigations



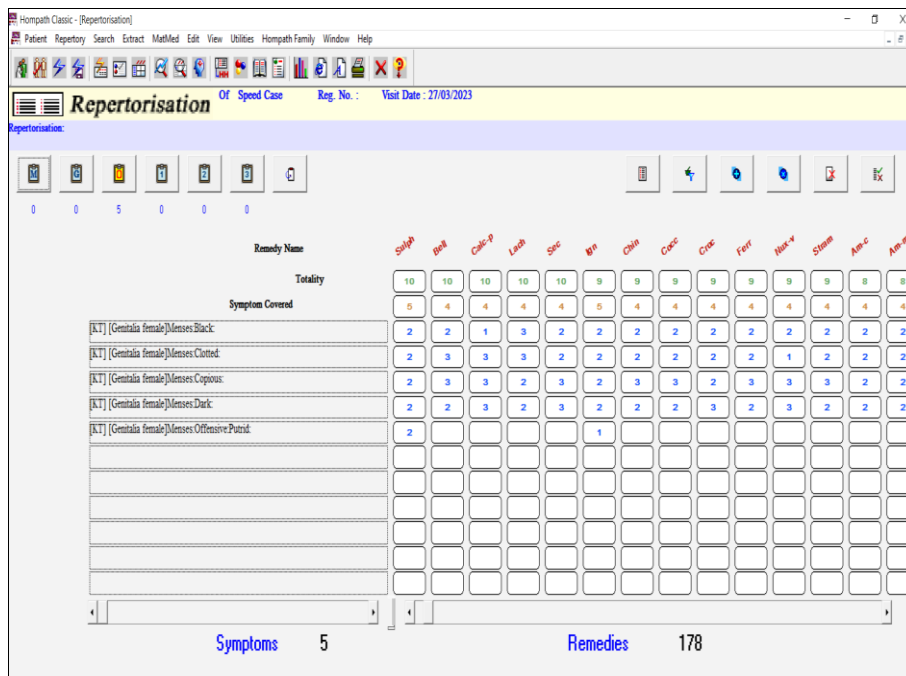
Case analysis

Miasmatic analysis: Syco-syphilitic miasm is seen in the case with the tendency of both expulsion and retaining simultaneously.

Evaluation of symptoms: Menses are black, clotted, dark,

copious, offensive and putrid.

Repertorization: Repertorization through Kent Repertory by Hompath Classic software showed Sulphur as per the selected rubrics.



Treatment: The prescription of BRIME STONE 0/1 was made and to be taken every hour mixed in water with 10 strokes at every successive dose. The patient reported after 11 days from 1ST visit on February 17TH, 2023 with no bleeding per vagina.

The remedy: Menses are black, clotted, dark, copious, offensive and putrid. The patient was lethargy, had

sensation of something in the abdomen. Burning sensation was all covered in this remedy. The bleeding per vagina. All of it was concluded from Clarke’s Practical Materia Medica and Allen’s Keynotes.

Follow-UP:



The patient came for follow-up with relief in symptoms of menses, bleeding per vagina stopped, relief in burning sensations of the body and urine. The patient felt more energetic in the daily life.

Conclusion

Justification of the remedy prescribed

According to the work of E.H.Ruddock M.D. in “THE COMMON DISEASES OF WOMEN”, he stated that Sulphur is indicated in long lasting menstruation with

profuse black, clotted discharges. Scrofulous constitution and unhealthy skin.

Lilienthal in his Homoeopathic Therapeutics denoted that Sulphur cures the predisposition of abortion in the future. It also promotes the expulsion of moles or blighted conception.

In Clarke’s Practical Materia Medica, expulsion of moles, and disorders of menses from miscarriage. It works on concomitant complaints of itching, smelling, and acidic character.

Prognosis: The case responded beautifully to the medicine and the bleeding stopped from vagina.

Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Not available

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How to Cite This Research Paper

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