



## The Efficacy of Homoeopathic Medicines in Treatment of Amenorrhoea

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### Abstract

**Background of Study:** Amenorrhoea is absence of a woman's menstrual period while she is in her reproductive years. Amenorrhoea can be healthy and natural. During pregnancy, menstruation stops. It also ceases for many women while they are breastfeeding. It may be Physiological or Pathological. Curing a disease by means of Homoeopathy will mean to find out a Similimum for every particular individual case. **Methodology:** This study was a interventional study without control group. **Inclusion Criteria:** Patients who have amenorrhoea are included. **Exclusion Criteria:** Patients who had advanced pathology & cases with complication are excluded. **Result & Conclusion:** The study shows that out of 50 cases, incidence of amenorrhoea is found more in Primary Amenorrhoea 28 (56%) and in Secondary Amenorrhoea 22 (44%). The incidence of amenorrhoea is found more in unmarried 36 (72%) as compared to married 14 (28%). Out of 50 cases, Pulsatilla were given to 8 (16%), Apis to 7 (14%) cases, Actea & Cal.carb to 6 (12%) , Cyclamen to 5 (10%), Ferrum met., Sepia & Sulphur to 4(8%) each and Aco. & Lyco to 3 (6%) cases. The results are made on the effect of selected medicine, out of which 39 (78%) cases are improved and 11 (22%) not improved. This study conclude that homoeopathic medicine play effective role in case of amenorrhoea.

**Key word-** Amenorrhoea , Homoeopathy, Similimum, Physiological, Pathological.

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### INTRODUCTION

Amenorrhoea is the absence or abnormal cessation of spontaneous menstruation in a woman of reproductive age.

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It is a normal feature in prepubertal, pregnant, lactating and postmenopausal women and should be excluded before diagnosis. Amenorrhoea is a symptom, not a disease, and has a variety of causes. Once pregnancy is excluded, the challenge is to determine the exact cause of amenorrhoea. Amenorrhea refers to the absence of a woman's menstrual period while she is in her reproductive years. Amenorrhea can be healthy and natural. However, it can also indicate a health problem.

### Risk For Amenorrhoea

The highest risk for amenorrhoea in women with the following:

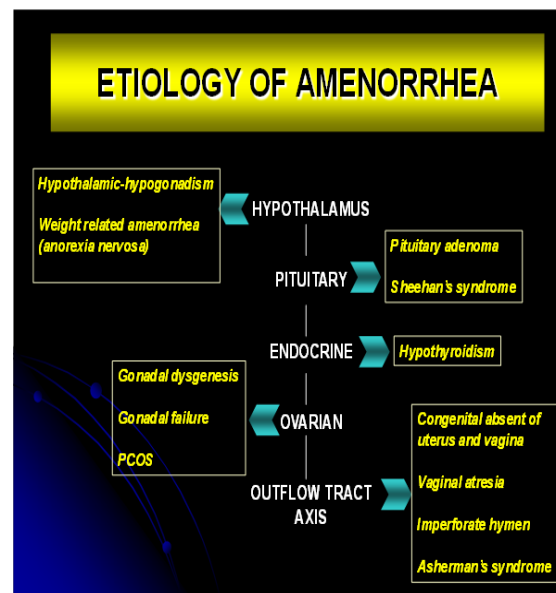
- Low Body Weight
- Drug-Induced
- Breastfeeding
- Celiac Disease
- Stress

### Definition

The absence of menstrual periods is called amenorrhoea. Primary amenorrhoea is the failure to start having a period by the age of 16. Secondary amenorrhoea is more common & refers to either the temporary or permanent ending of periods in a woman who has menstruated normally in the past. Many women miss a period occasionally.

Amenorrhoea occurs if a woman misses three or more periods in a row.

### Causes of Amenorrhoea



### Clinical Features

Amenorrhea is a symptom of an underlying disorder rather than a condition in and of itself. Additional symptoms may be present depending on the associated condition.

- Galactorrhea (breasts produce milk in a woman who is not pregnant or breastfeeding), headache, or reduced peripheral vision can be a sign of an intracranial tumor.
- Increased hair growth in a male pattern (hirsutism) may be caused by excess androgen (a hormone that encourages development of male sex characteristics).
- Vaginal dryness, hot flashes, night sweats or disordered sleep may be a

sign of ovarian insufficiency or premature ovarian failure.

- Noticeable weight gain or weight loss may be present.
- Excessive anxiety may be present in women with associated psychiatric abnormalities.

### Types of Amenorrhoea

**Physiological Amenorrhoea:-** This type of amenorrhoea occurs

- During pregnancy
- During lactation
- Before puberty
- After menopause

**Pathological amenorrhoea:-** Can be -

- Primary Amenorrhoea
- Secondary Amenorrhoea

- Primary Amenorrhoea:-** The menarche does not appear even when the girl is over 18 years.
- Secondary Amenorrhoea:-** This is cessation of menses for three or four cycle following normal menstrual function.

### Diagnosis of Amenorrhoea

During your appointment, your doctor will perform a pelvic exam to check for any problems with your reproductive organs. If you've never had a period, your doctor may examine your breasts and genitals to see if you're experiencing the normal changes of puberty. Amenorrhea can be a sign of a complex set of hormonal

problems. Finding the underlying cause can take time and may require more than one kind of testing.

### Investigations of Amenorrhoea

A variety of blood tests may be necessary, including:

- **Pregnancy Test** - This will probably be the first test your doctor suggests, to rule out or confirm a possible pregnancy.
- **Thyroid Function Test** - Measuring the amount of thyroid-stimulating hormone (TSH) in your blood can determine if your thyroid is working properly.
- **Ovary Function Test-** Measuring the amount of follicle-stimulating hormone (FSH) in your blood can determine if your ovaries are working properly.
- **Prolactin Test** - Low levels of the hormone prolactin may be a sign of a pituitary gland tumor.
- **Male Hormone Test-** If you're experiencing increased facial hair and a lowered voice, your doctor may want to check the level of male hormones in your blood.

**Hormone Challenge Test** - For this test, you take a hormonal medication for seven to 10 days to trigger menstrual bleeding. Results from this test can tell your doctor whether your periods have stopped due to a lack of estrogen.

**Imaging Tests** - Doctor might recommend one or more imaging tests, including:

- **Ultrasound** - This test uses sound waves to produce images of internal organs. If you have never had a period, your doctor may suggest an ultrasound test to check for any abnormalities in your reproductive organs.
- **Computerized tomography (CT)**- CT scans combine many X-ray images taken from different directions to create cross-sectional views of internal structures. A CT scan can indicate whether your
- **Magnetic resonance imaging (MRI)**- MRI uses radio waves with a strong magnetic field to produce exceptionally detailed images of soft tissues within the body. Your doctor may order an MRI to check for a pituitary tumor.
- **Hysteroscopy** If other testing reveals no specific cause, your doctor may recommend a hysteroscopy — a test in which a thin, lighted camera is passed through your vagina and cervix to look at the inside of your uterus .

**Complications**- The complications of amenorrhoea can be numerous, ranging from infertility to psychosocial developmental delays with lack of normal physical sexual development. Hypoestrogenic patients can develop

severe osteoporosis and fractures. The complications associated with amenorrhea in patients who respond to progestin challenge are endometrial hyperplasia and carcinoma resulting from unopposed estrogen stimulation .

**Prognosis** - Amenorrhea is typically not a life-threatening condition. The prognosis for amenorrhea depends upon the underlying cause and the type of treatment that is available. For most women, medications, lifestyle changes, or surgery can correct amenorrhea.

### **Management**

The treatment for amenorrhea depends on the underlying cause, as well as the health status and goals of the individual. If primary or secondary amenorrhea is caused by lifestyle factors, your health care provider may suggest changes in the areas below:

- **Weight**- Being overweight or severely underweight can affect your menstrual cycle. Attaining and maintaining a healthy weight often helps balance hormone levels and restore your menstrual cycle.
- **Stress** - Assess the areas of stress in your life and reduce the things that are causing stress. If you can't decrease stress on your own, ask for help from family, friends, your health care

provider, or a professional listener such as a counselor.

- **Level of physical activity-** You may need to change or adjust your physical activity level to help restart your menstrual cycle.

Keep a record of when your periods occur.

Note the date your period starts, how long it lasts, and any problems you experience.

The first day of bleeding is considered the first day of your menstrual cycle.

### **Homoeopathic Approach**

Homoeopathic system of medicine is unique as the prescription is based on “Symptom similarity” rather than “Disease diagnosis”. The correct medicine is determined not by the diagnosis of disease but by carefully observing and eliciting the specific complex of physical, mental and emotional characteristics the Patient is presenting which forms the “Totality of symptoms”. This “Totality” helps us to come up with a list of closely related medicines applicable to the case. These medicines are further referred in the Homoeopathic Materia Medica. Thus Materia Medica and Repertory go hand in hand. The final selected medicine is given in accordance with the Principles of Homoeopathy as given in the Organon of Medicine.

**Homoeopathic Therapeutics** - Aconite, Actea Racemosa, Apis Mel, Calcarea

Carb, Cyclamen, Ferrum Met, Lycopodium , Pulsatilla, Sepia, Sulphur etc.

### **AIM**

To study the efficacy of homoeopathic medicines in Amenorrhoea.

### **OBJECTIVES**

- To study 50 cases selected by randomly following methods.
- To select the most similar medicines on the basis of individualization.
- To keep regular follow-up the case to observe the action of the medicine in each particular case.
- To analysis the effectiveness of prescribing similimum on the basis of ailment from.

### **METHODS & MATERIAL**

- Population:** The study has been conducted on patients who attended the OPD, IPD & POPDs of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, Ludhiana.
- Age & Sex:** This study has been conducted on patients of age group 14-30 years & females.
- Medicine:** Medicines have been selected after repertorisation on symptoms similarity.
- Placebo:** Placebo will be given in the form of saclac , globules & distal water as per requirement.

- e) **Pharmacy:** All the medicines has been taken from pharmacy of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, Ludhiana.
- f) **Inclusion Criteria:** Patients who have amenorrhoea are included.
- g) **Exclusion Criteria:** Patients who had advanced pathology & cases with complication are excluded.
- h) **Investigation:** According to requirement of cases, investigations like Pelvic USG & blood test has been done.
- i) **Sample:** The study includes 50 cases.
- j) **Research Technique:** After proper case taking & repertorisation of each case has been done.
- k) **Treatment Method:**
1. Repetition & Change Of Potency: According to the need of the case.
  2. Diet & Regimen: According to the instructions given by Dr. Hahnemann in Organon of Medicine & according to the case also.
  3. Duration Of Study: Duration of study is 1 year 6 months.
  4. Assessment & Follow Up: Subjective symptoms, Objective symptoms & Lab diagnosis whenever required.

## RESULT

- The incidence of amenorrhoea is found more in primary 28 (56%) and in secondary 22 (44%).

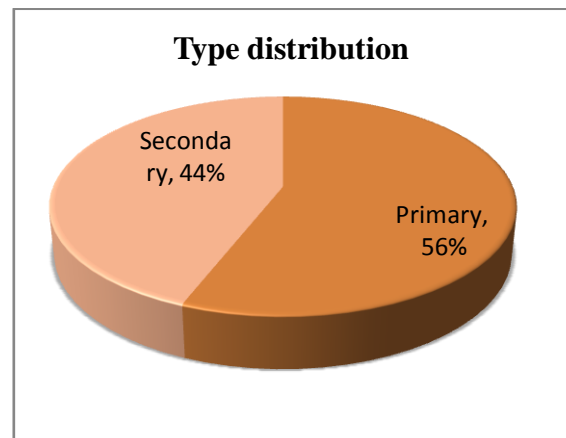


Fig 1- Type of Amenorrhoea

- The incidence of amenorrhoea is found more in unmarried 36 (72%) than in married 14 (28%).

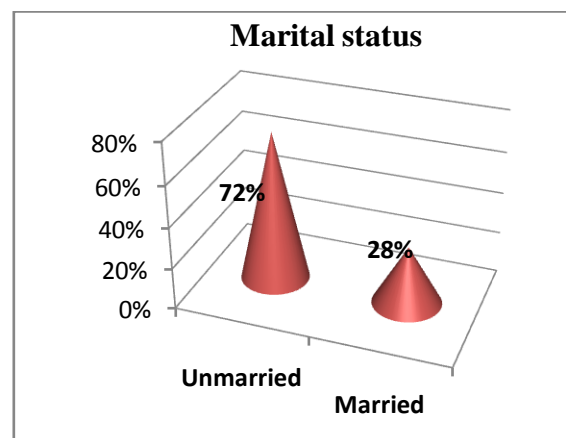


Fig 2.- Marital Distribution

- Out of 50 cases, Pulsatilla were given to 8 (16%), Apis to 7 (14%) cases, Actea & Cal.carb to 6 (12%), Cyclaman to 5 (10%), Ferrum met., Sepia & Sulphur to 4 (8%) each and Aco. & Lyco to 3 (6%) cases.

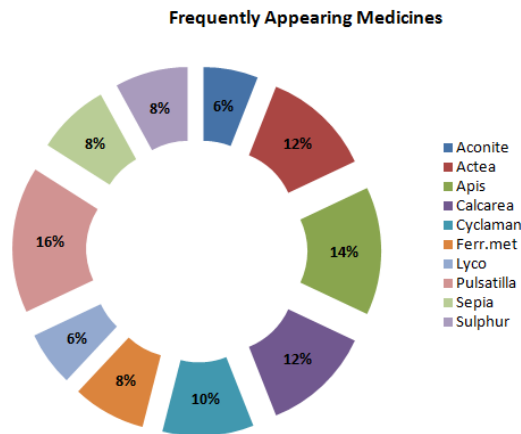


Fig 3- Medicine Used

- Out of 50 cases of amenorrhoea , 39 (78%) cases are Improved by first selected medicine and 11 (22%) are not Improved by that medicine.

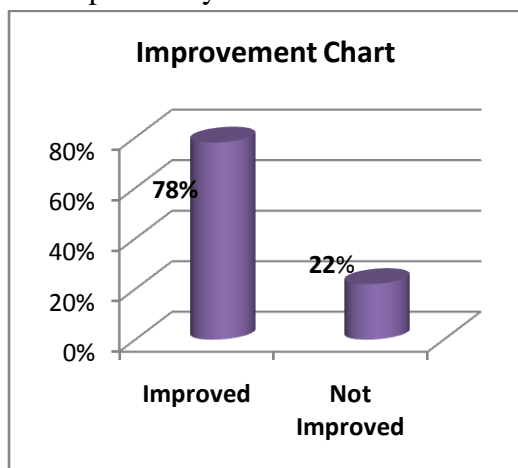


Fig 4- Response after Treatment

## CONCLUSION

I had the opportunity of studying “The Efficacy Ofhomoeopathic Medicines In Treatment Of Amenorrhoea” for my dissertation work. Whilst studying the topic, I have tried to keep before me the strictly logical evolution of the topic and adequate link between Amenorrhoea and homoeopathic medicines. On completion of 1 year and 6 months study the following conclusions were arrived at. The objective

of study was fulfilled. The results obtained in the study are found to be 78% improved rate with homoeopathic treatment.

Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition so to give him a proper similimum, the use of materia medica is essential.

When a homeopathically selected medicine is administered to a sick person, there is disappearance of symptoms and restoration of patient to health. It represents the reaction of susceptible organism to the impression of the curative remedy.

Therefore, natural therapy like Homoeopathy is the safest and well-recommended treatment for Amenorrhoea without the use of harmful drugs. Homoeopathic treatment along with healthy living and a sense of purpose in life can minimize the changes that happen during this period

This study has proved importance of reportorial approach, miasmatic approach and peculiar uncommon symptom approach for treating the cases. So this study has proved a thriving utility of homeopathic medicines and management of Amenorrhoea.

The following silent conclusions have been drawn from the present study after summarizing its findings.

- Homoeopathic treatment is best suitable for the management of Amenorrhoea. Homoeopathic remedies give prompt regular periods and improve movement.
- 28 patients (56%) had primary amenorrhoea & 22 patients had secondary amenorrhoea which shows its prevalence is more in primary amenorrhoea.
- The most effective homoeopathic medicines found in this study were Pulsatilla (8); Apis. (7) etc.
- It can be stated that homoeopathic drugs should be used as first line of treatment in amenorrhoea.

Homoeopathy as is system of healing people. It's not just a complementary medicine, it's a complete medicine, with a huge well-catalogued remedy chest from which prescriptions are made according to disciplined observation and analysis guided by a highly evolved set of principles.

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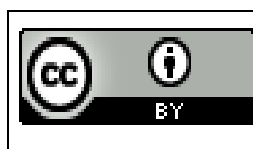
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