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## REVIEW ARTICLE

### HOMOEOPATHY IN AMENORRHOEA

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#### Abstract

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Amenorrhea is defined as the absence of menstruation during the reproductive years of a woman's life. Physiological states of amenorrhea are seen, most commonly during pregnancy and lactation (breastfeeding). It can be classified as primary and secondary amenorrhea. Primary amenorrhea is the absence of initiation of menses, and secondary amenorrhea is an absence of menses in a previously normal menstruating female. The causes of amenorrhea are diverse. This article outlines the causes, its clinical features and management of amenorrhoea with homoeopathic medicines

#### INTRODUCTION

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

While secondary amenorrhea is more likely to result from acquired disease, generally more amenable to treatment, and has a better prognosis, primary amenorrhoea is often due to either a genetic or gross developmental abnormality of the ovarian or Mullerian structures. Amenorrhoea has also been classified as physiologic or pathologic, or

based on the compartments of the hypothalamo–pituitary–ovarian axis where the problem occurs.<sup>2</sup> Treatment mainly depends on the cause of amenorrhea. There is good evidence that amenorrhoea deeply affects self-esteem and mental health especially women with stress. In such cases homoeopathic medicines have been found very effective in treating amenorrhoea.

### EPIDEMIOLOGY

Amenorrhea, excluding those due to physiological conditions ranged from 5% - 20% among women of reproductive age. The prevalence of amenorrhoea among the adolescent females was found to be higher than the general population. The frequency of amenorrhea was reported to be 5% in Mexico and Nigeria, 8-13% in Venezuela and 20% in India<sup>3</sup>.

### PATHOPHYSIOLOGY<sup>4</sup>

The absence of menses in a female of reproductive age is related to the disturbance of normal hormonal, physiological mechanism, or female anatomic abnormalities. The normal physiological mechanism works by balancing hormones and providing feedback between the hypothalamus, pituitary, ovaries, and uterus.

During normal female menstruation cycle, gonadotropin-releasing hormone (GnRH) is released from the hypothalamus, and it works on

the pituitary to release follicle-stimulating hormone (FSH) and luteinizing hormone (LH) and these 2 hormones from the pituitary act on ovaries and ovaries finally make estrogen and progesterone to work on the uterus to carry out the follicular and secretory phase of the menstrual cycle. Any defect at any level of this normal physiology of females can cause amenorrhea.

On the other hand, deviation from the normal anatomy of the reproductive organs of a female can also cause amenorrhea.

### ETIOLOGY

The causes for Primary amenorrhoea are:

- Delayed puberty
- Hypothalamic and pituitary dysfunction
- Kallmann's syndrome
- Central nervous system tumors
- Primary ovarian failure
- Turner's syndrome
- Developmental defect of genital tract (Mayer- Rokitansky- Kuster- Hauser) syndrome.
- Dysfunction of thyroid and adrenal cortex- Cretinism.
- Metabolic disorders- Juvenile Diabetes, Obesity
- Systemic illness – Malnutrition, Anaemia, Tuberculosis.

### **The causes for Secondary amenorrhoea are:**

**Hypothalamus-** Stress, Post pill, Sudden change in weight—either too much loss or too much gain, Psychotropic and anti-hypertensive drugs

**Pituitary-** Adenoma, Sheehan's syndrome

**Ovary-** PCOS, Premature Ovarian Failure.

**Uterine-** Synechiae (Asherman's Syndrome)

**Systemic-** Malnutrition, Hypothyroidism, Diabetes

### **The causes for Pathological amenorrhoea are:**

#### **Cryptomenorrhea -**

- Congenital
- Imperforate hymen
- Transverse vaginal septum
- Atresia of upper-third of vagina and cervix.

#### **Acquired**

- Stenosis of the cervix following amputation, deep cauterization and conization.
- Secondary vaginal atresia following neglected and difficult vaginal delivery.

### **HOMOEOPATHIC APPROACH**

Homoeopathy plays an important role in various menstrual irregularity disorders especially in cases of amenorrhoea. Homoeopathy cures the

patient as a whole individual, and not just a symptom of the body. Women with stress, anxiety, hormonal imbalances, and nutritional deficiency, and physical abnormality, congenital and genetic disorders suffer mostly from amenorrhoea and homoeopathy plays the best in such cases as it acts on both mental and physical sphere of the body. Nowadays, with advancements in diagnostic field, homoeopathy has immensely surpassed the uncured cases of modern medicine with the cured cases by individualisation.

### **HOMOEOPATHIC THERAPEUTICS**

**Aconite Napellus<sup>7</sup>** - Fear that menses will not return and terrible consequences follow; labor like pressing in womb, patient bent double; tendency of blood to the head or chest; vertigo or fainting on rising from recumbent position; amenorrhoea in young plethoric girls who lead a sedentary life; menses stopped from a cold bath, from sudden checking of perspiration, from violent emotions or fright; vagina dry, hot and sensitive.

**Aletris Farinosa-** Amenia, or delaying menses, in consequence of atony of the womb or ovaries; weariness of mind and body; fulness and distension of abdomen, with bearing down sensation; night-sweats; constipation from want of muscular action; debility arising from protracted illness; loss of fluid; defective nutrition.

**Apis Mellifica** - Suppressed menses, with congested or inflamed ovaries, menses stop suddenly or cease for two or three days, to begin again, blood black; dysmenorrhoea, with scanty discharge of slimy blood; chlorosis, with puffy, bloated, waxy appearance of the face; oedematous swelling of the eyelids, labia and feet; a peculiar annoying aching pain in the ovaries, especially in the right one, usually shortly before or during menstruation, accompanied by intense, occipital headache and other hysterical symptoms; cardiac distress; during puberty, nervous and awkward from incoordination of muscles.

**Calcarea Carbonica** - Leucophlegmasia, vertigo on ascending; feet cold and damp; bellows or anaemic murmurs around heart and large arteries; great languor, especially in lower limbs; amenorrhoea from working in water, with anasarca.

**Cocculus Indicus** - Mental derangement following amenorrhoea; she appears imbecile, at other times acts like a maniac; is wicked, talks constantly, dances and makes all kinds of gesticulations; headache with nausea, much paralytic pain in small of back; leucorrhoea in place of the menses; discharge of a few drops of black blood, attended with excessive prostration, she is hardly able to talk.

**Helonias**- Suppression of menses when the kidneys are congested, urine scanty

and turbid; heaviness and dragging in pelvic region; weariness and languor of mind and body, still feel better when working than they did when commencing to work; amenorrhoea from atony and torpor of the whole body, with anaemia and disordered condition of digestive organs; prolapsus uteri from want of muscular tonicity; loss of sexual desire, with without sterility.

**Natrum Muriaticum**<sup>8</sup>- In young girls, when the menses do not appear, or when scanty and at long intervals.

**Calcarea Phosphorica** - Amenorrhoea in anaemic patients.

**Ignatia Amara**- Suppression from grief. Menses black, too early, too profuse or scanty. During menses great languor, with spasmodic pains in stomach and abdomen. Feminine sexual frigidity.

**Kalium Carbonicum** - Delayed menses in young girls, with chest symptoms or ascites. Difficult, first menses.

**Pulsatilla Pratensis** - Amenorrhoea, suppressed menses from wet feet, nervous debility or chlorosis. Tardy menses. Too late, scanty, thick, dark, clotted, changeable, intermittent. Chilliness, nausea, downward pressure, painful, flow intermits. Leucorrhoea acrid, burning, creamy. Pain in back, tired feeling.

**Sulphur**- Menses too late, short, scanty and difficult; thick, black, acrid, making

parts sore. Menses preceded by headache or suddenly stopped.

## CONCLUSION

This article primarily focuses on several homoeopathic remedies that are effective in treating amenorrhoea. Amenorrhoea which is a major symptom which is associated with so many diseases and syndromes. Homoeopathy plays a major role in curing amenorrhoea as the patient needs a holistic treatment which cures mental as well as physical wellbeing of the patient. The selection of remedy is based upon the theory of individualization and symptoms similarity. This is the only way through which a state of complete health can be regained by removing all the sign and symptoms. The aim of Homoeopathy is not only to cure amenorrhoea but to address its underlying cause also.

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