

# Efficacy of Homoeopathic Remedies in Treating Dysfunctional Uterine Bleeding in Adolescent Age Group

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**Abstract:** Dysfunctional uterine bleeding creates a considerable problem for many women. Menstruation is a normal physiological phenomenon for females indicating her capability for procreation. However, this normal phenomenon is often associated with some degree of sufferings and embarrassment. Adolescent age is a transitional stage between childhood and adulthood during which significant physical and mental changes occur.

**Keywords:** dysfunctional uterine bleeding, adolescent age, menstrual disorder

## INTRODUCTION

DUB is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause (pelvic pathology eg. Tumor, inflammation or pregnancy is excluded). DUB is a frequent gynecological problem in adolescent girls. It is frequently related to inappropriate peripheral and central feedback mechanisms involved in the regulation of the ovulation process

### The Normal Menstrual Cycle:

It is important to have a clear understanding of the normal menstrual cycle in order to diagnose and treat DUB in a rational manner. The normal range of the menstrual cycle is 21-35 days, with a reduction in cycle length towards the later end of the reproductive period. In the presence of regular menstrual cycles, there is a high incidence of ovulatory cycles. In the normal menstrual cycle, the hypothalamic-pituitary-ovarian axis is intact. The cycle has three phases: menstruation, proliferation, and secretion. Initially, there is constriction of the bases of the spiral arterioles that produce distal ischemia, then relaxation of the spiral arterioles allows blood to pass to the ischemic endometrium.

This tissue breaks down, causing a sloughing and bleeding. Hemostasis during the first 24 hours of the menstrual period depends on platelet function and the formation of thrombi. Subsequently, hemostasis is achieved by vasospasm of the uterine spiral arterioles.

### Pathophysiology:

- The endometrium is under a hormonal balance and when this balance is upset, DUB may follow;
- There are two possible explanation for the mechanism of disruption;
  1. Anovulation
  2. Abnormal local production of prostaglandin
- Anovulation can occur at any time during the productive life, but it is most common immediately after menarche and before the menopause. In adolescent age group the HPO axis is not fully mature. Since the positive feedback response to estrogen, which allows ovulation is frequently absent in the immediate postmenarchal period.
- The physiological mechanism of hemostasis in normal menstruation are;
- Formation of platelet plug with fibrin to seal the bleeding vessel.
- Localized vasoconstriction
- Regeneration of endometrium
- Biochemical mechanisms involved are;
- Increased endometrial ratio of PGF2 $\alpha$ /PGE2
- PGF2 $\alpha$  causes vasoconstriction and reduce bleeding. Progesterone increase the level of PGF2 $\alpha$  from arachidonic acid.
- In anovulatory DUB there is decrease synthesis of PGF2 $\alpha$  and the ratio of PGF2 $\alpha$ /PGE2 is low.

- The endometrial abnormalities may be primary or secondary to incoordination in the HPOA. It is thus more prevalent in extremes of reproductive period – adolescent and premenopausal or following childbirth and abortion. Emotional influences, worries, anxieties or sexual problems are enough to disturb the normal hormonal balance.

#### Risk factors :

- Risk factors associated with the development of DUB include the following:
- Adolescence:
- Anovulatory cycles occur in 55% to 82% of female adolescents at menarche and typically continue until 2 years after menarche
- Anovulatory bleeding is common among adolescents due to the immaturity of the hypothalamic-pituitary- ovarian axis.
- Perimenopause:
- DUB in perimenopausal women is related to declining ovarian function. Observational data show increased variability of the menstrual pattern in women approaching menopause
- Obesity:
- DUB in overweight women results from altered estrogen-to-progesterone ratios and increased peripheral conversion of androgens to estrogens. The estrogen-driven endometrial proliferation eventually leads to endometrial overgrowth and abnormal bleeding patterns. Weight loss in obese patients presumably restores regular menstrual cycles by decreasing the adipose tissue available for conversion of androgens to estrogen
- Polycystic ovary syndrome (PCOS):
- Menstrual irregularity is seen in two thirds of adolescents with PCOS and typically presents with anovulatory symptoms mimicking DUB
- Cigarette smoking:
- Women who smoke cigarettes have a 47% risk of experiencing abnormal uterine bleeding due to the antiestrogenic effect of cigarette smoke

#### Investigation:

- Investigation aims at;

1. To confirm the menstrual abnormality as stated by the patient
2. To exclude systemic, iatrogenic and organic pelvic pathology.
3. To workout definite therapy protocol.

The type and number of investigation done is directed by the patient's age and clinical suspicion.

- For a young girl with puberty menorrhagia, hemoglobin with platelet is indicated.
- Excessive bleeding is assessed by number of pads used, passage of clots and duration of bleeding.

Any emotional upset or psychological problem should be elicited

- Special investigation:
- Blood values:
- Hemoglobin estimation should be done in every cases. In pubertal menorrhagia not responding to usual therapy, platelet count, prothrombin time, bleeding time are to be estimated. In suspected cases of thyroid dysfunction serum TSH, T3, T4 estimation should be done.
- Ultrasound and color Doppler: to exclude organic causes
- Diagnostic uterine curettage (D&C): In adolescent it is rarely needed only if bleeding fails to stop or is severe in nature

#### Management:

- GENERAL:
- Patient is advised to take rest during menstruation.
- Assurance and sympathetic handling of the psychological and emotional problems are helpful.
- Anemia should be corrected by diet and medication.

#### HOMOEOPATHIC CONCEPT:

- In homoeopathy, we individualized each and every patient and select similimum according to totality of symptoms which can give curative effects with holistic approach. So, for the treatment of DUB our goal is patient as a whole. Here are some commonly used homoeopathic remedies for symptoms associated with DUB.

- *Calcarea Carbonica*: Often recommended for women who experience heavy menstrual bleeding, especially if they lead a sedentary lifestyle, have a craving for sweets and eggs, and feel cold easily. Patients might also have a tendency towards obesity and fatigue.
- *Sepia*: Suited for women who have a dragging sensation in the pelvis, irregular or heavy menstruation, and a yellowish or sallow complexion. *Sepia* is often chosen for women who feel indifferent to their family tasks which they once found pleasurable.
- *Belladonna*: Useful in cases where the bleeding is bright red, profuse, and accompanied by a sensation of heat and fullness in the pelvis. *Belladonna* is often indicated when there are sudden onset symptoms and a high sensitivity to noise and light.
- *Sabina*: Indicated for women who experience heavy menstrual bleeding that is bright red and mixed with dark clots, with pain that radiates from the lower back to the pubic area. *Sabina* is often helpful in cases where bleeding is worse from motion.
- *Phosphorus*: Suited to individuals with heavy menstruation accompanied by a need for cold drinks, a tendency toward easy bleeding elsewhere in the body, and a generally anxious, yet open and sociable, demeanor.
- *Cimicifuga Racemosa* (Black Cohosh): Helpful for women with irregular and painful periods, where pain is severe and may radiate from the lower back to the thighs. It is also indicated for mood swings and depression associated with menstrual issues.
- *Lachesis*: Often chosen for women who experience premenstrual syndrome, with symptoms improving once the flow begins. Suitable for individuals who are talkative, jealous, and may have a flushed appearance.
- *Millefolium* (Yarrow): Used in cases of bright red bleeding and is particularly helpful when bleeding is profuse and may be accompanied by a feeling of weakness