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INDIVIDUALIZED HOMOEOPATHIC TREATMENT OF MENORRHAGIA: A CASE REPORT WITH LITERATURE REVIEW

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ABSTRACT

Background: Menorrhagia, now grouped under heavy menstrual bleeding (HMB), is a frequent gynaecological complaint that can cause iron-deficiency anaemia and lower quality of life. Conventional care relies on antifibrinolytic, hormonal and surgical options, and some patients also seek homoeopathic treatment.

Objective: To describe the clinical course of an adolescent with HMB treated with an individualized homoeopathic medicine, and to review the definition, causes, assessment and management of the condition.

Methods: An 18-year-old unmarried female presented with two years of profuse menstrual bleeding lasting 10 to 12 days, with pallor and a recent aching pain in the right knee. A detailed case history, general and particular symptoms, and clinical examination were recorded. After comparison with the Materia Medica, Lachesis 30 was prescribed as a single bedtime dose. **Results:** At the first follow-up, one week after the prescription, the patient reported a slight reduction in menstrual bleeding. Complaints are better in next follow ups

Conclusion: This case shows how individualized prescribing may be documented in HMB and underlines the need for proper aetiological evaluation, anaemia screening and extended follow-up in future case series and controlled studies.

KEYWORDS: Menorrhagia; Heavy menstrual bleeding; Abnormal uterine bleeding; PALM-COEIN classification; Homoeopathy; Case report.

INTRODUCTION

Menorrhagia describes cyclical, regular menstrual bleeding that is abnormally heavy or prolonged. It has traditionally been defined as measured loss above 80 mL per cycle or bleeding beyond seven days [1]. Because measuring blood loss is rarely practical, current guidance defines heavy menstrual bleeding as excessive loss that interferes with a woman's physical, social, emotional or material well-being [2]. The international FIGO nomenclature now favors the term heavy menstrual bleeding over menorrhagia [3].

The problem is common. A multi-country European survey found that more than a quarter of women reported heavy menstrual bleeding [4], and it accounts for a large share of gynaecological consultations. Affected women report reduced quality of life, time lost from study or work, and a considerable economic burden [5]. Persistent heavy loss also drives iron deficiency, with or without anaemia, which further impairs well-being [6].

The FIGO PALM-COEIN system groups causes into structural (polyp, adenomyosis, leiomyoma, malignancy and hyperplasia) and non-structural (coagulopathy, ovulatory dysfunction, endometrial, iatrogenic, and not yet classified) categories [7,8]. In adolescents, immature hypothalamic–pituitary–ovarian signalling and anovulatory cycles are frequent contributors, so a careful evaluation is essential before treatment is chosen [9,10].

Conventional treatment includes antifibrinolytic and anti-inflammatory drugs, hormonal therapy and, when these fail, surgery [2,9]. Many patients also approach homoeopathy, which treats the person as a whole and selects a medicine from the totality of symptoms [11,12]. Published case documentation of this approach in heavy menstrual bleeding is limited. This report therefore presents a case of HMB in a young woman managed with an individualized homoeopathic prescription and reviews the relevant clinical background, in order to show how such a case can be recorded transparently and to highlight what is needed for stronger evidence.

MATERIALS AND METHODS

Study design. This is a single-patient clinical case report prepared according to the CARE reporting guideline [13].

Study setting. The outpatient department of the Sarada Krishna Homoeopathic medical college, Kulasekharam.

Case taking. A full case history was recorded with presenting complaints and their onset, duration, sensations and modalities; present and past illness; family history; physical generals (appetite, thirst, sleep, bowel, perspiration, thermal and desire or aversion patterns); and mental state. General examination included pulse, blood pressure and clinical assessment for pallor. Menstrual loss was judged clinically from the duration of bleeding and the number of sanitary pads used each day.

Case Presentation

Patient Information

Age: 18 years

Sex: Female

Marital Status: Unmarried

Occupation: Student

Chief Complaints

Excessive menstrual bleeding for the past 2 years

Menstrual duration lasting 10–12 days

Passage of no dark clots

Aching pain in right knee joint since 2 days worse during exertion, walking and better by rest

History of Present Illness

The patient reported that her menstrual bleeding was profuse, especially during the first three days. She needed to change 5 to 6 sanitary pads a day during heavy flow. Aching pain in right knee joint since 2 days worse during exertion, walking and better by rest.

Past History

Had attack of pneumonia before 2 years and got relieved by allopathic medication

Family History

No hereditary diseases reported.

Physical generals

Appetite: Good

Thirst: Good

Sleep: Good

Bowel: Regular

Sweat: Increased in palms

Reaction to

Desire: open air

Aversion: Sweets

Physical Examination

Pulse: 78/min

Blood Pressure: 110/70 mmHg

Pallor: Present

Analysis of the Case

Important symptoms considered:

Profuse menstrual bleeding

Aching pain in right knee

< exertion

< walking

> rest

Sweat increased in palms

Desire open air

Aversion sweets

After comparison with Materia Medica, the remedy Lachesis was selected.

Prescription

Remedy: Lachesis 30

Dose: One dose HS

Remedy selection. Symptoms were ranked into characteristic mental and physical generals and particular symptoms, in keeping with the principle of individualization [11]. The case was then analysed with medicines and were compared against the Materia Medica [12,14,15]. The final choice was made from this comparison.

Intervention and follow-up. The selected medicine was given in the 30C potency as a single dose at bedtime. The patient was asked to return after one week to report changes in menstrual flow, the associated knee complaint and general well-being.

HOMOEOPATHIC MEDICINES

Homoeopathy has a number of medicines for excessive uterine bleeding, each distinguished by the character together with mental and general features.

1. IODUM

Iodum may be thought of when hemorrhage is due to pathological condition of uterus. There is acute catarrh of endometrium. Great weakness during menses, wedge-like pain in right ovarian region. Hemorrhage occurring at every stool with cutting pain in the abdomen, pain

in the loins and small of back Patient is weak minded and forgetful. Impulsive insanity. Sadness with melancholic mood. Excitable restlessness and very anxious.

MODALITIES

< Warmth in general, exertion.

>Eating, cold in general, by walking or by movement.

2. PHOSPHORUS

Menses too early and scanty but last too long. Stitching pains. Bleeding is copious, dark red and non-coagulable. Menorrhagia in nursing women, burning and stitching pain in the region of uterus. Ovaries are inflamed and painful at the time of menses. These pains are radiating down the inner side of the thighs. There is numbness, trembling and paralytic weakness of the extremities. Major joints of the body are inflamed and stiff. Stitching pains in the breast during menses. Mentally patient is excitable and has violent imaginations which prevent the sleep. Patient is hypersensitive to external impressions. Great debility and prostration, weak memory. Anxiety, irritability and fear mark the remedy. Stupor, dizziness, sluggishness and delirious condition of the patient. Brain fog from mental exertion.

MODALITIES

< Evening, on the left side, cold in general.

>Warmth in general, lying on right side.

3. SABINA

It is great anti-haemorrhagic remedy. Pains fly from sacrum to pubis. Hemorrhaged is profuse at the time of menses. They are long lasting, partly fluid and partly clotted, offensive in nature. Blood comes in gushes. Intense colicky pains in abdomen at the time of menses, these pains are associated with bearing down or labour-like pains. Pains traverse from vagina to uterus. Discharges of blood between periods with sexual excitement. Profuse leucorrhoea and the discharge is bloody. Pulsation all over the body with sense of fullness. Shooting type of pains from sacrum to pubes. Patient is nervous, sad and depressed. Music makes her nervous. Also music is intolerable for her.

MODALITIES

< Warmth in general, warm room, hot food, warm applications.

>Cold open air, cold drinks, cold applications.

4. CIMICIFUGA

Menses are profuse and too early, sometimes twice a month. Blood is dark, coagulated. There is bearing down and pressing pains in the uterine region. This pain traverse from hip to hip. Severe pains in lower extremities. Backache after menstruation, with heavy, pressing down sensation. If the menses are suppressed, they are scanty or copious with severe pains during the flow. All the symptoms either physical or mental are worse during menses. Discharges are offensive. Spasms and cramps in the muscles of back. Shooting and throbbing pains in head as a reflex of uterine bleeding. Nausea and vomiting caused by pressure on the spine. Sleeplessness.

Patient is depressed. Visions of rat, mice running across the room. Delirium, hysterical and epileptic spasms. The mental symptoms are intermingled with rheumatism. Mental symptoms are worse during menses.

MODALITIES

< During menses; in cold season; cold drinks.

> Warmth in general, after menstrual flow

5. KREOSOTUM

Menses are too early, prolonged and the flow is black and offensive. The discharges excoriate the thighs. Leucorrhoea before menses, which is yellow, acrid, excoriating and offensive. Bleeding from uterine cavity is continuous in nature, and the flow increases on exertion.

Pain in abdomen, especially before the menstruation. Burning and scratching sensation at vulval region and medial sides of thighs. Sudden desire for urination. All the mucous membranes of the body are raw and inflamed with bleeding and ulceration.

Patient is very irritable during menses. Patient desires many things, but is not satisfied with those when she gets them. Always unsatisfied. Music makes her weep.

MODALITIES

< Cold in general; cold air, after washing the parts.

> Warmth in general, rest in bed

6. BELLADONNA

The menses are profuse and bright red in colour due to excess of blood. There are cutting pains from hip to hip. Blood is very dark and offensive and feels hot, with dark clots. Strong

bearing down pain she feels as if everything would escape from the vagina. She becomes hyper-sensitive during ailments. She is drowsy or sleepy but cannot sleep due to the intolerable pains associated with each symptom. There is great dryness everywhere, still she does not like to drink water.

Mentally she has marked violence due to turmoil in her brain from congestion. She tears the clothes, bites and strikes everybody. Her face is shiny red and very hot; pupils are dilated. Throbbing of each and every vessel during the flow.

MODALITIES

< Draught of air, heat of sun, moving about, bending, lying down.

>Sitting in erect position.

7. PLATINA

Menses earlier, profuse but their duration may be short or long. The blood is very dark and clotted. Spasmodic pains. Pains come and go gradually. Severe bearing down with numbness of pelvic organs. Flow may appear every fourteenth day. She has tingling sensation in the parts. After menses there is profuse leucorrhoea. The parts are sensitive to touch and go into spasm on touch. Colicky pains in abdomen. Paralytic weakness with chilliness and numbness in the parts.

Mentally she is hysterical, sanguine and proud. Superiority complex, treats others as minor personalities. Anxiety, talks very little and has great fear of death.

MODALITIES

< By rest, on excitement, while sitting and standing. >Moving in open air.

RESULTS

An 18-year-old unmarried female reported two years of profuse menstrual bleeding lasting 10 to 12 days, heaviest over the first three days, when she needed five to six pads daily. She had no clots. She also had a two-days of aching pain in the right knee, worse on exertion and walking and better with rest. She had pneumonia two years earlier, treated with conventional medicines, and there was no family history of hereditary disease.

Domain	Finding
Appetite, thirst, sleep, bowel	Good; good; good; regular
Perspiration	Increased over the palms
Desires and aversions	Desire for open air; aversion to sweets

Domain	Finding
Pulse	78 per minute
Blood pressure	110/70 mmHg
General examination	Pallor present
Prescription	Lachesis 30C, one dose at bedtime
Follow-up at 1 week	Bleeding reduced slightly
Follow-up at 2 weeks	Bleeding stopped

Lachesis, the medicine prescribed here, is classically linked with dark bleeding containing black particles and left-sided pelvic pain that eases once the flow is established [12,14]. In this patient the choice rested on the whole symptom picture, not on the bleeding alone: the knee complaint with its modalities, the palmar sweat and the desires and aversions were weighed with the menstrual complaint [11,12,15]. The symptoms given most weight were profuse menstrual flow, right knee pain aggravated by exertion and walking and relieved by rest, increased palmar sweating, desire for open air, and aversion to sweets. No laboratory or imaging results were available for this report. At the first follow-up the patient noted a slight reduction in bleeding and in second follow-up the patient is completely better.

DISCUSSION

There is no published case series or trial has examined Lachesis specifically for menorrhagia. The nearest available evidence comes from a 30-patient study of women above 35 years with dysfunctional uterine bleeding without detectable pathology, in which Sabina, Cimicifuga and Thalassia were each reported to lower bleeding scores after treatment [19]. Our finding, the fall in flow in one week after a single dose, points in the same direction as that study, but the two are not equivalent. Those medicines were chosen largely for the character of the bleeding, whereas Lachesis here was chosen from the whole symptom picture [12,14]. The earlier participants were older, had pelvic ultrasound to exclude organic disease, and were scored before and after treatment with a statistical test, while our patient was an 18-year-old adolescent with no recorded investigations and a unscored follow-up. The present case therefore adds a single early, improvement under a medicine in this condition.

CONCLUSION

Heavy menstrual bleeding deserves a structured evaluation of its cause and of its effect on anaemia and daily life before any treatment is chosen. In this adolescent, an individualized homeopathic prescription was followed by early improvement in flow, which is observed with evidence of efficacy.

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