

DYSFUNCTIONAL UTERINE BLEEDING (DUB) & HOMOEOPATHIC MANAGEMENT

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Definition:

This is the excessive uterine bleeding without any organic cause. The nature of bleeding may be menorrhagia, polymenorrhagia, metrorrhagia and continuous bleeding preceded by amenorrhoea.

Incidence:

In India, DUB constitutes about 15-20 percent of all gynaecological admissions in an institutional. This incidence is higher than that of western country where it is 10 percent among OPD cases.

Type:

It is classified in to 2 types:

- 1) Regular bleeding (ovular type)
- 2) Irregular bleeding (anovular type)

Regular bleeding:

The bleeding is like menorrhagia, polymenorrhoea, epimenorrhagia etc. No menstrual endocrinal dysfunction is found in this case.

- 1) Excessive endometrial secretion of PGE2 - Failure of vasoconstriction.
- 2) Excessive prostacyclin (PGI2) in endometrium causing inhibition of platelet aggregation and endometrial vasodilatation.
- 3) Excess fibrinolysis with failure of formation of secondary thrombotic plug.
- 4) Defect in spiral vessels.
- 5) Increase in endometrial lysosomal enzymes with excessive formation of prostanooids.
- 6) Environmental stress, under nutrition, anxiety may affect the endometrial vascular functions.

In this case, on histology study it shows normal endometrium - secretory in secretory phase

in 63.5% cases of DUB.

Irregular Bleeding:

It is seen in puberty, premenopause, obesity, PCOD, corpus cutedal abnormalities. In this type there may be hyperplastic endometrium or atrophic endometrium.

In case of atrophic endometrium causing irregular bleeding, curetted endometrium during bleeding on histology shows poorly thin, poor proliferative endometrium with a few atrophic glands. In case of endometrial hyperplasia causing irregular bleeding, there is anovulation so it is painless. Ovarian estrogen causes hyperplasia of endometrium and there is no adequate LH effect for ovulation and corpus luteum.

Endometrial types are : (in case of endometrial hyperplasia) :

- a) Proliferative endometrium - it persists to premenstrual phase and this is seen in adolescence and premenopause.
- b) Adenomatous hyperplasia - Endometrial glands increase in number with bud like glandular projections into stroma. This causes irregular heavy bleeding.
- c) Metropathia haemorrhagica - (Schroeder's disease) - it is regarded as specialized form of DUB. This disease is most prevalent in women over the age of 40, the maximum incidence being between the ages of 40 and 50. Occasionally it develops in young girls under the age of 20. So this is commonly seen in premenopause and adolescence.

There is continuous vaginal bleeding preceded by a short period of amenorrhoea for a month or two. Bleeding is painless since it is anovulatory. The cause is menstrual endocrine dysfunction. Ovarian dysfunction occurs due to failure of LH effect. Graafian follicles remain persistent without ovulation and corpus luteum formation.

Pathology - The uterus becomes uniformly enlarged due to myohyperplasia. The endometrium becomes overgrown, thick, vascular and polypoidal. Microscopically there is hyperplasia of all elements of the endometrium. The glands increase in no. But may vary in size. Some of them becomes dilated and cystic, this disparity gives rise to the characteristic in the endometrium.

One or both ovaries are more or less enlarged and contain unruptured cystic follicles whose contents are rich in estrogen. There is absence of active corpus luteum in ovaries.

d) **Irregular ripening and shedding - shedding - (of endometrium)**

This occurs due to corpus luteal disorders. Endometrium receives inadequate support of progesterone and break through bleeding occurs before the actual menstruation begins. Irregular ripening occurs due to luteal inadequacy. Premenstrual spotting occurs. Plasma progesterone is less than normal irregular shedding occurs due to incompletely degenerated corpus luteum. Women bleeds irregularly following menstruation. Endometrial curettage at the end of menstruation shows persistence of secretory changes along with proliferate endometrium.

Clinical features:

This disease may occur at any time during reproductive life especially at puberty before menopause and after child birth or abortion. Parous women are more affected than nulliparous ones. The disease is common during the premenopausal years.

Symptoms:

- 1) Menorrhagia, Polymenorrhoea
- 2) Menometrorrhagia
- 3) There may be prolonged painless bleeding preceded by a period of amenorrhoea for a month or two.
- 4) Symptoms due to severe anaemia following excessive blood loss, e.g. palpitation, weakness etc. may be present

Signs: The patient is anaemic. In bimanual examination per vagina, cervix and uterus are felt normal. In some cases it is slightly soft and bulky where enlarged cystic ovary can be felt on one or both sides of the uterus.

Investigations:

- 1) Endometrial curetting confirm the diagnosis. This should be done in all cases beyond 19 years. In teenaged virgins, curetting should be done in all cases with suspected tuberculosis or for haemorrhage not responding to treatment. For intra-uterine polyp curetting, hystero-graphy and hysteroscopy are done for diagnosis. Laparoscopy is performed for diagnosis of small uterine fibroid or adenomyosis.
- 2) Haematological investigation : Hb % for anaemia, count, bleeding time, coagulation time, DC, TLC etc.
- 3) Cytology : Vaginal and cervical smears for cytological diagnosis should be done in women beyond 30 years especially with irregular haemorrhage.
- 4) Hormone assay : There is no correlation between urinary oestrogen out put and pattern of bleeding in DUB. Thus estimation of urinary oestrogen and pregnanediol is of little value. Urinary 17 - keto steroid and plasma testosterone are estimated in PCOD. Serum TSH is estimated for thyroid function.

Differential diagnosis :

- 1) Pelvic infections - Abortion, disturbed tubal pregnancy, endometrial tuberculosis,

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- endometrial polyp, small fibroid, endometrial carcinoma, intrauterine contraceptive device.
- 2) Endocrinal disorders – Gromulosa cell tumor (produces endo metrial hyperplasia), hypothyroidism (produces anovulation and menorrhagia).
 - 3) Haematological disorder - Idiopathic thrombocytopenic purpura, von-willebrands disease, leukaemia.

Prognosis : Ovular cyclical bleeding usually corrects spontaneously. Anovular irregular bleeding due to hyperplasia may continue and also recur. This may progress to carcinoma of endometrium.

HOMOEOPATHIC MANAGEMENT

From homoeopathic point of view, this condition is a chronic disease where constitutional prescription is required which should be based on mental generals, physical generals, pathological general, causation unexpected feature and characteristic particulars etc.

Detail drugs required for its management are delineated below :

1) ACONITE :

- Menses profuse, long lasting, especially in plethoric women, who lead a sedentary life.
- Menses too late, diminished or protracted, profuse with nose bleed.
- Frenzy on appearance of menses.

Mental generals :

- Great fear
- Anxiety
- Restlessness, tossing about
- Foreboding and fear of death

Physical generals :

- Thirst – Profuse for cold water
- Sweat – Profuse
- Urine – Increased

2) CALC. CARB :

Premature, profuse and protracted bleeding (Due to atony of muscular coat of uterus and relaxation).

- Heart excitement causes return of profuse flow.
- Before : Nervousness, nocturnal shivering and colicky pain, aching pain in back and hips / swelling, mamma.
- Exhaustion in the morning, inward coldness, sensation as if cold damp stocking were on the feet
- Sour vomiting, urine of a peculiar pungent odour.

Mental generals :

- Apprehensive, worse towards evening
- Fears loss of reason, misfortune, contagious disease
- Forgetful, confused
- Averse to work or exertion
- Obstinacy, slight mental effort produces hot head.

P/G:

- Craving for indigestible things, egg, salt and sweets
- Milk disagrees
- Dislike fat

3) CALC. PHOS :

Menses too early, in young girls, with bright red blood.

If late, blood first bright, then dark with violent backache, dark blood in rheumatic women.

Before : Great sexual desire, followed by a copious flow

During : headache, throbbing in forehead and vertigo, rumbling of bowel.

- Nymphomania with aching, pressing pain, weakness of uterine region.

Mental generals :

- Peevish
- Forgetful, after grief and vexation
- Always want to go somewhere

Physical generals :

- Craving for ham, bacon, salted meats.

3) **CARBO ANIMALIS :**

- Too early, too long, profuse but causing great exhaustion.
- Dark menses, flow only in the morning and weakens her so that she can hardly speak

During : great exhausting with stretching and yawning pressure in groins, thighs and small of back

Mental generals :

- Desire to alone
- Sad and reflective
- Avoids conversation

P/G :

- weak digestion
- Flatulence
- Repugnance to fatty food

5) **COCULUS :**

- Too early, too long, profuse with crampy colic, when rising upon her feet, it gushes out in stream irregular and scanty, retarded and painful.

Before : Great weakness, crampy colic, flatulence spasm in chest, with groaning, sighing, constant sensation as if about to faint.

During : Menses lessen during abdominal pains and become copious with their abatement.

After : Paralytic weakness in back and lower limbs, so that she can hardly stand or walk excessive hysterical distension of abdomen.

Mental generals :

- Time passes too quickly.

- Slow in comprehension.

6) **CINNAMONUM :**

- Too early and too profuse
- < after even the least exertion.

Flow bright red and clear, particularly in women troubled with itching of nose and nightly restlessness.

- Bearing down sensation
- Uterine haemorrhage caused by overlifting.
- Sleepy, no desire for anything.

7) **CROCUS SATIVA :**

- Too early and too profuse of dark or black coagulated, stringy blood.
- Foul smelling, protracted and profuse flow < by least motion.

Before : sensation as if menses would appear with colic and pressing towards genitals, great sexual excitement.

During : Profuse flow of dark, clotted, stringy blood, with or without pain, after any physical exertion.

Mental generals :

- Vacillating
- Pleasant mania
- Happy and affectionate
- Sudden changes from hilarity to melancholy

8) **CYCLAMEN:**

- menses too profuse, too frequent with severe labor like pains, black, membranous, menses - anticipate
- Menses flow less when mov-

ing about

- < more evening
- < When sitting quiet
- after menses, swelling of mammae, with watery secretion, resembling milk, leaving on linen spot like a weak solution of starch.

Mental generals :

- Terrors of conscience
- Grieves over neglected duty
- Depression, with sobbing
- Desire to be alone

9) FERRUM MET :

- menses remit a day or two and then return.
- Discharge of long pieces from the uterus.
- Women who are weak, delicate, chlorotic yet have a fiery red face
- Menses too early, too profuse, too long, pale and watery
- Labour like pain in sides of abdomen and discharge of partly fluid and partly black clotted blood.

Before : physical and mental depression, discharge of long pieces from uterus.

During: Violent colic, with pale discharge.

After : Severe and distressing pruritus > bathing cold water.

Mental generals :

- Irritability
- Excited from slightest opposition.

10) GRAPHITES :

- Too late, too scanty and of too short duration, discharge of thick

black blood or of serous pale blood.

Before : Water leucorrhoea, itching vulva and vagina, tired - out feeling.

During : membranous dysmenorrhoea, as if everything would be torn to pieces.

- Bearing down in abdomen, with pain in sides and back > by motion

Mental generals :

- Timid, hesitates
- Unable to decide about anything
- Excessive cautiousness
- Great tendency start

Physical Generals :

- Aversion to meat
- Hot drinks disagree
- Sweets nauseate

11) HAMAMELIS :

- Menses dark, profuse
- Profuse discharge of dark blood only in the day time, not at night
- Metrorrhagia, occurring midway between menstrual periods
- Steady flow of dark coloured blood, without pain
- Metrorrhagia, occurring midway, passive flow, ovaries, sourness / vaginismus over the entire abdomen.
- Intermenstrual pain
- Vagina very tender

Mental generals :

- General lassitude
- Feeling of weariness, she easily tires

12) LYCOPODIUM :

- too profuse, too long
- flow partly black, clotted or

bright red or watery with labour like pain followed by fainting

- too often, reappearing six or eight days.

Before : Sadness, Melancholic shivering, Heaviness of lower extremities, coldness of feet, distended abdomen from right to left

After : Obstinate dryness of vagina. Bearing down pains, as if menses would appear. Itching, burning, gnawing at the valve.

Mental generals :

- Melancholy
- Afraid to be alone.
- Little things annoy.
- Hurried eating
- Loss of self confidence

Physical generals :

- desire – sweet, hot food
- aversion – bread
- can't eat oysters.

13) MAGNESIA CARB :

- More profuse during night and when first rising only when lying down.
- too frequent, dark and thick, retarded menses with discharge of large coagula
- Discharge acrid, dark, thick, viscid, almost like pitch and washed out with difficulty.

Before : Ulcerated sore throat, just before menses. Chilliness, backache and great weakness.

During : Headache and heaviness of head > at night. Pale face, neuralgic pain in face, driving her out of bed.

After : Severe backache and itching of valva.

14) MELILOTUS :

- menses painful and difficult
- nervous headaches
- Sharp, shooting and sticking pain in external genitals only

for a moment, but often recurring with nausea and pelvic pains.

- Sticking pain in external parts.
- Ovarian neuralgia.

15) MERCURIUS :

- Too profuse with great anxiety and colic.

Before : Slight bloody discharge and few days before menses.

- Dry heat with rush of blood to head.

During : Anxiety, red tongue, dark spots, salty taste.

- Scrobutic gums, teeth feel sharp, salivation
- Breath of a mercurial odour.
- Dragging pain in loins, swelling of labia with itching pimples nodes.

After : Leucorrhoe < night

Mental generals :

- Slow in answering questions
- Memory weakened
- Loss of will power
- Mistrustful

Physical generals : Aversion – Sweet, Meat and warm food

16) PHOSPHORUS :

- Too early, too profuse, too long lasting

- Weeps before menses
- Slight haemorrhage from uterus between periods.

Before : Colic, leucorrhoea with weeping mood and frequent desire to urinate.

During : Sleepiness, weariness, weakness in abdomen, violent colic, pain as if cut with a knife with pain in back, vomiting and diarrhea, sensation of weariness and emptiness of abdomen.

After: Great weakness and anxiety, stitches through pelvis from vaginal to uterus.

Mental generals:

- Great depression of spirits.
- Easily vexed
- Oversensitive to external impression.

17) SEPIA:

- Too early, too scanty, flow only in the morning. Great weakness in the morning.
- Irregular menses, early and profuse, sharp clutching pain.
- Violent stitches upward in the vagina, from uterus to the umbilicus.

Before: sleepiness and restless, empty sensation at pit of stomach drawing pain in abdomen and limbs, palpitation, dyspnoea, spasmodic colic with bearing down pains.

After: Dryness of vulva and vagina, causing disagreeable sensation when walking.

Mental generals:

- indifference to those, loved best
- aversion to occupation, family
- irritable
- easily offended
- dreads to be alone
- miser

Physical generals:

- Longing for vinegar, acid and pickle
- Loathes of fat
- Milk disagrees
- Aversion - milk meet and fat

18) TRILLIUM:

- Premature and profuse gushing of bright red blood from uterus at least movement.

- Profuse flow, discharge of dark, thick, clotted and exhausting in women.

Before: Congestion to head, shortness of breath, palpitation of heart.

During: Vertigo, dimness of sight, palpitation, sinking at pit of stomach.

- Sensation of hip and back wound fall to pieces, try to bind them up.

19) USTILAGO :

- Too frequent, too long, dark fluid blood intermixed with small black coagula.
- Atony of uterus with persistent oozing of dark brown, half fluid blood, slightly coagulable and forming long, black, stringy clots.
- Profuse quashes of bright red blood.

Before: Heavy backache with sharp pains across abdomen from hip to hip.

During: Severe uterine pain extending down thighs. Membranous dysmenorrhoea.

After: Heavy, dragging backache from least exertion.

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CLINICAL CASES

who is working in a bank near my chamber and residence, same of his relatives still coming but the patient not, may be due to his indifference to him as shown previously after the treatment of knee problems.

As the USG report, he had renal stone of positive cases.

And now this present observation i.e. amelioration of symptoms, as well as development of disease on remaining part of susceptible argon proves the theory of satisfaction of susceptibility as narrated by Dr. J.T. Kent in his philosophy in support of Hahnemann. Thanks.