

Deliver
To

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HomeoBuzz

CONTINUING MEDICAL INFORMATION

Vol. 13, No. 10, January 2018, ₹ 20, Total No. of Pages 16

Dear Readers,

"With the new day comes new strength and new thoughts"-
Eleanor Roosevelt

One more year has passed to bring the dawn of new day, new hopes and heaps of milestone to cherish. This is actually the time of year where we lay plans for not only the immediate 24 hours but for all the next 365 days ahead. We draw up strategies, we make resolutions, we learn from our past mistakes and then we try to improvise ourselves.

There are list of achievements by B.Jain Pharmaceuticals in the foregoing year. One of onerous accomplishment is in research aspect to prove the effectiveness of **B.Jain's Guatteria Gaumeri** in hypercholesterolaemia. A Clinical Trial study was published in International Journal of Advances in Medicines. All the enrolled patients in the study were given B.Jain's Guatteria Gaumeri ϕ , mother tincture and the result of the study we get was outstanding, within 2 months LDL reduced by 16.34% & HDL increased by 14.09%. B.Jain's Guatteria Gaumeri works miraculously in regulating the cholesterol level. Hypercholesterolaemia is becoming a lifelong challenge. Although it is a lifestyle disorder, modifying lifestyle and eating habits, managing stress and quit smoking would definitely helps to live a healthy life. After reaching a certain age we should keep check on the cholesterol number in the blood. And as the wheel of life is set always in motion, these small endeavors and investment on one's health will end up in majestic outcomes. So, the best investment that one can make for the whole of next year and for entire life is on one's health.

Another stroke is receiving IIHP Excellence award for B.Jain's commendable contribution in the field of Homeopathy in Silver Jubilee National Congress of IIHP at Chennai. This would be an inspiration to contribute bounteous in this miraculous field & achieve more in the approaching years.

Wishing you all a Very Happy, Prosperous & Dazzling New Year!!

Kuldeep Jain
Chief Editor

Dear Doctors,

A woman is the full circle, within her is the power to create, nurture and transform." – Diane Mariechild.

A woman undergoes various forms of transformation through her life. Health wise & otherwise too!

Women's life stages are based on the reproductive cycle, beginning with menstruation, and ending with menopause. Understanding women's life stages starts with biology. Each month an egg is released from the ovary during ovulation. It travels down the fallopian tube, where it may be fertilized by a sperm. If fertilized, it implants in the lining of the uterus. If not, the egg and lining are shed during menstruation. This continues until pre-menopause – the time when a woman's body begins the natural transition to menopause.

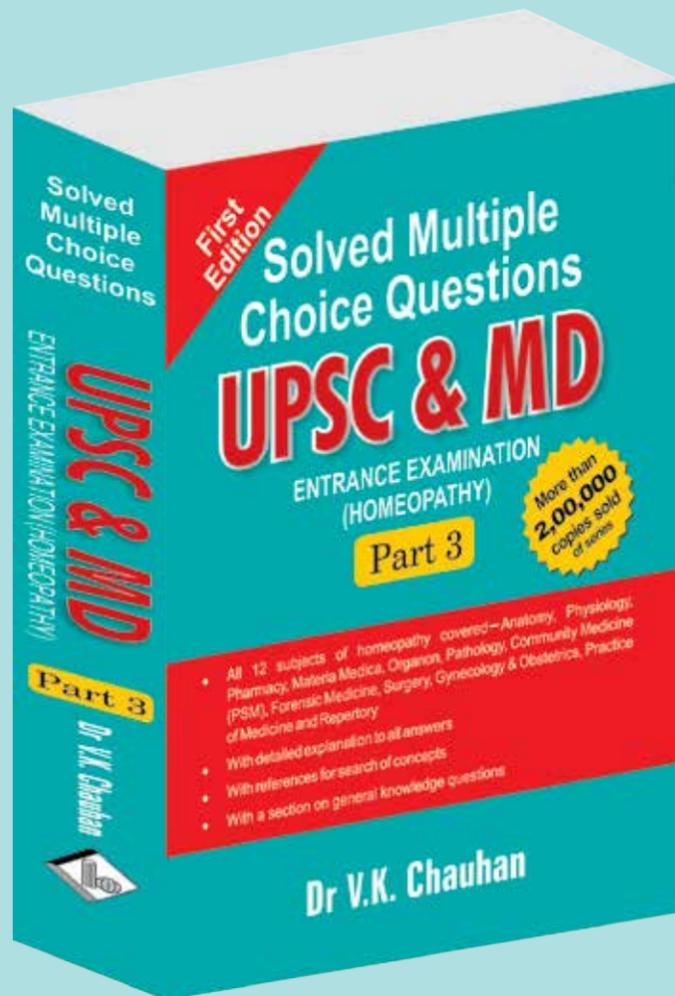
This journey from menarche to menopause is not an easy route as changes occur not on physiological but on emotional plane too. An estimated 85 percent of women experience at least one symptom of PMS per month, the American College of Obstetricians and Gynecologists estimates.

Women seeking conventional treatment are often prescribed selective serotonin re-uptake inhibitor antidepressants (SSRIs) or an oral contraceptive pill (OCP) & they have common side effects of the therapy include: nausea, vomiting, stomach cramps or bloating, diarrhea, weight gain or weight loss. But, Homoeopathy can help any female at any age with their hormone related health issues. Managing a case of menstrual disorders requires a holistic approach because it's not only at the physical level but woman undergoes many changes at her emotional and mental level as well and in these cases homoeopathy can prove to be very useful.

This issue puts light on menstrual abnormalities & homeopathic approach in dealing with the same. Here we go...

Dr. Sana Parveen
Editor

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MENSTRUAL ABNORMALITIES

Menstruation is the periodic discharge of blood and sloughed endometrium (collectively called menses or menstrual flow) from the uterus through the vagina. It is caused by the rapid decline in ovarian production of progesterone and estrogen that occurs each cycle in the absence of a pregnancy. Menstruation occurs throughout a woman's reproductive life in the absence of pregnancy.

Menopause is the permanent cessation of menses.

Average duration of menses is 5 (\pm 2) days. Blood loss per cycle averages 30 mL (normal range, 13 to 80 mL) and is usually greatest on the 2nd day. Menstrual blood does not usually clot (unless bleeding is very heavy), probably because fibrinolysin and other factors inhibit clotting.

Menstrual abnormalities include:

- Amenorrhea
- Abnormal uterine bleeding due to ovulatory dysfunction
- Dysmenorrhea
- Premenstrual syndrome

AMENORRHEA

Amenorrhea (the absence of menstruation) can be primary or secondary.

Primary amenorrhea is failure of menses to occur by one of the following:

Age 16 or 2 yr after the onset of puberty

- About age 14 in girls who have not gone through puberty (eg, growth spurt, development of secondary sexual characteristics)

If patients have had no menstrual periods by age 13 and have no signs of puberty (eg, any type of breast development), they should be evaluated for primary amenorrhea.

Secondary amenorrhea is cessation of menses after they have begun. Usually, patients should be evaluated for secondary amenorrhea if menses have been absent for \geq 3 mo or \geq 3 typical cycles because from menarche until perimenopause, a menstrual cycle lasting $>$ 90 days is unusual.

Amenorrhea is usually classified as

- Anovulatory
- Ovulatory

Each type has many causes, but overall, the most common causes of amenorrhea include:

- Pregnancy (the most common cause in women of reproductive age)
- Constitutional delay of puberty
- Functional hypothalamic anovulation (eg, due to excessive exercise, eating disorders, or stress)
- Use or abuse of drugs (eg, oral contraceptives, depot progesterone, antidepressants, antipsychotics)

- Breastfeeding
- Polycystic ovary syndrome

Treatment of primary and secondary amenorrhea is determined by the specific cause. Treatment goals are to relieve symptoms of hormonal imbalance, establish menstruation, prevent complications, and/or to achieve fertility, although not all of these goals can be achieved in every case.

ABNORMAL UTERINE BLEEDING DUE TO OVULATORY DYSFUNCTION (AUB-O)

Abnormal uterine bleeding (AUB-O), the most common cause of abnormal uterine bleeding (AUB), occurs most often in women > 45 (> 50% of cases) and in adolescents (20% of cases).

About 90% of cases are anovulatory; 10% are ovulatory.

Symptoms and Signs

Compared with typical menses, bleeding may:

- Occur more frequently (menses < 21 days apart—polymenorrhea)
- Involve more blood loss (> 7 days or > 80 mL) during menses (menorrhagia, or hypermenorrhea)
- Occur frequently and irregularly between menses (metrorrhagia)
- Involve more blood loss during menses and frequent and irregular bleeding between menses (menometrorrhagia)

Ovulatory AUB tends to cause excessive bleeding during regular menstrual cycles. Women may have other symptoms of ovulation, such as premenstrual symptoms, breast tenderness, midcycle cramping pain (mittelschmerz), a change in basal body temperature after ovulation, and sometimes dysmenorrhea.

Anovulatory AUB occurs at unpredictable times and in unpredictable patterns and is not accompanied by cyclic changes in basal body temperature.

PREMENSTRUAL SYNDROME (PMS)

Premenstrual syndrome (PMS) is characterized by irritability, anxiety, emotional lability, depression, edema, breast pain, and headaches, occurring during the 7 to 10 days before and usually ending a few hours after onset of menses.

About 20 to 50% of women of reproductive age have PMS; about 5% have a severe form of PMS called premenstrual dysphoric disorder.

Etiology

The cause of PMS is unclear.

Possible causes or contributing factors include

- Multiple endocrine factors (eg, hypoglycemia, other changes in carbohydrate metabolism, hyperprolactinemia, fluctuations in levels of circulating estrogen and progesterone, abnormal responses to estrogen and progesterone, excess aldosterone or ADH)
- A genetic predisposition
- Serotonin deficiency
- Possibly magnesium and calcium deficiencies
- Estrogen and progesterone can cause transitory fluid retention, as can excess aldosterone or ADH.

- Serotonin deficiency is thought to contribute because women who are most affected by PMS have lower serotonin levels and because SSRIs (which increase serotonin) sometimes relieve symptoms of PMS.
- Magnesium and calcium deficiencies may contribute.

Type and intensity of symptoms vary from woman to woman and from cycle to cycle. Symptoms last a few hours to ≥ 10 days, usually ending when menses begins. Symptoms may become more severe during stress or perimenopause. In perimenopausal women, symptoms may persist until after menses.

PREMENSTRUAL DYSPHORIC DISORDER (PMDD)

Some women have severe PMS symptoms that occur regularly and only during the 2nd half of the menstrual cycle; symptoms end with menses or shortly after. Mood is markedly depressed, and anxiety, irritability, and emotional lability are pronounced. Suicidal thoughts may be present. Interest in daily activities is greatly decreased.

In contrast to PMS, PMDD causes symptoms that are severe enough to interfere with routine daily activities or overall functioning. PMDD is severely distressing, disabling, and often underdiagnosed.

General measures

Treatment of PMS is symptomatic, beginning with adequate rest and sleep, regular exercise, and activities that are relaxing. Regular exercise may help alleviate bloating as well as irritability, anxiety, and insomnia. Yoga helps some women.

Dietary changes—increasing protein, decreasing sugar, consuming complex carbohydrates, and eating smaller meals more frequently—may help, as may counseling, avoiding stressful activities, relaxation training, light therapy, sleep adjustments, and cognitive-behavioral therapy. Other possible strategies include avoiding certain foods and drinks (eg, cola, coffee, hot dogs, potato chips, canned goods) and eating more of others (eg, fruits, vegetables, milk, high-fiber foods, low-fat meats, foods high in calcium and vitamin D).

Some dietary supplements are mildly efficacious for reducing symptoms; they include chasteberry extract from the agnus castus fruit, vitamin B6, and vitamin E.

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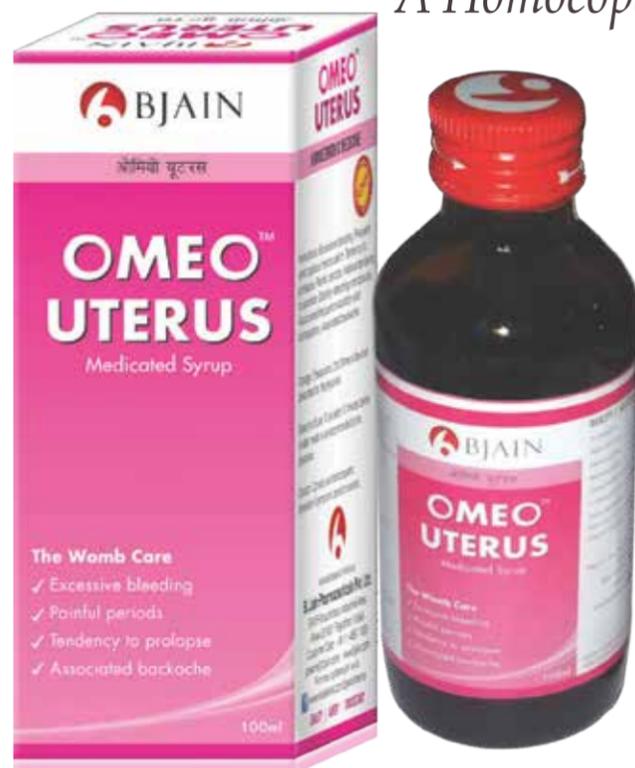
1. <http://www.merckmanuals.com/professional/gynecology-and-obstetrics/menstrual-abnormalities/introduction-to-menstrual-abnormalities>
2. <https://www.medicinenet.com/amenorrhea/article.htm>

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- Debility attending menopause
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MENSTRUAL ABNORMALITIES

BLUMEA ODORATA

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Botanical Name	: Blumea obovata dc.
Known	: Kuksima.
Family	: Compositae.
Distribution	: Throughout India
Part used	: Whole plant excluding roots.

Clinical: Cough; hoarseness; fever; dysentery; piles; haemorrhage.

INDICATIONS:

- + It is a blood purifier.¹
- + Removes catarrh, expels fever.¹
- + Control cough-hoarseness due to cough; trumpet-like sound or barking-like sound associated with cough.²
- + Haematemesis.¹
- + It has got reputation in bleeding piles; in diarrhoea or dysentery associated with blood.²
- + In miscarriage where haemorrhage is profuse; in bloody leucorrhoea and menorrhagia it exerts powerful influence to arrest bleeding.²

Prescribed Dose³: Mother-tincture, 2x, 3x.

References:

¹. BANERJEE P., Materia medica of Indian drugs

². BANERJEA S.K., 50 Homeopathic Indian drugs

³. VARMA PN & INDU V., Encyclopedia of homeopathic pharmacopoeia

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Mother Tinctures Indicated In Menstrual Abnormalities

1. *Abroma Augusta Radix*

- Irregular menstrual disorder; dysmenorrhoea; menstrual flow may be copious or scanty; leucorrhoea.¹
- Prescribed dose: Mother tincture, 2x, 3x²



2. *Aletris Farinose*

- The patient is tired all the time, and suffers from prolapsus, leucorrhoea, rectal distress, etc.³
- Premature and profuse menses, with labor-like pains.[Bell.; Cham.; Kali c.; Plat.] Retarded and scanty flow. (Senecio.)³
- Menorrhagia, black clots, fullness and weight.⁴
- Dose- Tincture to third potency.³



3. *Apis Mellifica*

- Amenorrhoea, dysmenorrhoea, and menorrhagia, from acute oedema of the ovaries.⁶
- Extreme sensitiveness to touch and general soreness is marked.³
- Dysmenorrhoea, with severe ovarian pains.³
- Dose- Tincture to thirtieth potency.³



4. *Bryonia Alba*

- Menses too early, too profuse; worse from motion, with tearing pains in legs; suppressed, with vicarious discharge or splitting headache.³
- Intermenstrual pain, with great abdominal and pelvic soreness. [Ham.]³
- Dose- First to twelfth attenuation.³



5. *Cimicifuga Racemosa*

- Menses irregular in time and amount; more flow more pain.⁷
- During the menses, severe pain in the back, through the hips, and down the thighs, with intermittent, labor-like pains; weeping mood, and hysteric spasms.⁷
- Dose- First to thirtieth attenuation, third most frequently used.³



6. *Erigeron Canadense*

- Metrorrhagia, with violent irritation of rectum and bladder, and prolapsus uteri.³
- Menorrhagia; profuse leucorrhoea; bloody lochia returns after least motion, comes in gushes; between periods, leucorrhoea with urinary irritation; pregnant women with "weak uterus;" a bloody discharge on slight exertion.³
- Bleeding haemorrhoids; nosebleed instead of menses. [Bry.]³
- Dose- Tincture, to third potency.³



7. *Fraxinus Americana*

- Acts upon the uterus, causing passive congestion and enlargement. Has been used for a similar condition, including sub - involution and prolapsus.⁸
- Uterine tumors with bearing down pains, especially extending down the thigh.⁸
- Has been used empirically by the Old School as an antiperiodic and in dysmenorrhoea and metritis.⁸
- Prescribed dose: Ten to fifteen drops of tincture, three times a day.²



8. *Secale Cornutum*

- Menses irregular, copious, dark; continuous oozing of watery blood until next period.³
- Menstrual colic, with coldness and intolerance of heat.³
- Dose- First to thirtieth potency.³



9. *Thlaspi Bursa Pastoris*

- Metrorrhagia; too frequent and copious menses. Every alternate period very profuse.³
- Haemorrhage, with violent uterine colic.³
- Leucorrhoea before and after menses; bloody, dark, offensive; stains indelibly. Sore pain in womb on rising.³
- Scarcely recovers from one period before another begins.³
- Prescribed dose : Tincture, to sixth potency.²



10. *Viscum Album*

- Haemorrhage, with pain; blood partly clots and bright red.³
- Climacteric complaints. [Lach.; Sulph.]³
- Pain from sacrum into pelvis, with tearing, shooting pains from above downwards.³
- Chronic endometritis.³
- Metrorrhagia.³



11. *Vinca Minor*

- Excessive menstruation with great weakness.³
- Passive uterine haemorrhages. [Ust.; Trill.; Secale.] Menorrhagia; continuous flow, particularly at climacteric. [Lach.]³
- Haemorrhages from fibroids.³
- Dose- First to third potency.³



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1. BANERJEA S. K., Fifty homeopathic Indian Drugs
2. VARMA P.N and INDU V., Encyclopaedia of Homeopathic Pharmacopoeia
3. BOERICKE W., Pocket Manual of Homeopathic Materia Medica
4. MURPHY R., Homeopathic Remedy Guide
5. PHATAK S. R., Materia Medica of Homeopathic Medicines
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8. COWPERTHWAITHE A.C., Textbook of Materia Medica and Therapeutics

Trituration tablets indicated in female disorders

1. *Baptisia tinctoria*

- Threatened miscarriage from mental depression, shock, watching, low fevers.¹
- Lochia acrid, fetid.¹
- Puerperal fever.¹
- Menses too early, too profuse. Dr. Coe states that he has used it with success for Amenorrhoea and vicarious menstruation.³
- Dose - Tincture, to twelfth attenuation. Has rather short action.¹

2. *Borax veneta*

- Menses too soon, profuse, with griping, nausea and pain in stomach extending into small of back.¹
- Membranous dysmenorrhoea.¹
- Leucorrhoea like white of eggs, with sensation as if warm water was flowing.¹
- Sterility. Favors easy conception.¹
- Labor pains with frequent eructations. Galactorrhoea. [Cal.; Con.; Bell.] In nursing, pain in opposite breast.¹
- Pruritus of vulva and eczema.¹
- Dose- First to third trituration.¹

3. *Calcarea carbonica*

- Menses too early, too profuse, too long, with vertigo, toothache and cold, damp feet; the least excitement causes their return.¹
- Leucorrhoea, milky.¹
- Deficient lactation, with distended breasts in lymphatic women.¹
- Sterility with copious menses.¹
- Uterine polypi.¹
- Dose - Sixth trit. Thirtieth and higher potencies. Should not be repeated too frequently in elderly people.¹

4. *Calcarea ovi testae*

- Leucorrhoea and warts.⁴
- Backache and leucorrhoea.⁴
- Prescribed dose : 3x and higher.⁵

5. *Graphites*

- Menses too late, with constipation; pale and scanty, with tearing pain in epigastrium, and itching before.¹
- Leucorrhoea, pale, thin, profuse, white, excoriating, with great weakness in back.¹
- Induration of ovaries and uterus and mammae.¹
- Nipples sore, cracked, and blistered.¹
- Dose- Sixth to thirtieth potency.¹

6. *Magnesium carbonicum*

- Menses too late and scanty, thick, dark, like pitch; mucous leucorrhoea.¹



- Sore throat before menses appear.¹
- Colic followed by leucorrhoea. Dragging towards pelvis.⁴
- Dose- Third to thirtieth potency.¹

7. *Ferrum metallicum*

- Menses too early, too profuse, last too long; pale, watery. Menses remit a day or two, and then return.¹
- Menorrhagia, with labor-like pains in the abdomen and glowing heat in the face, blood partly pale, partly clotted.⁶
- Tendency to abortion.¹
- Dose- States of debility where the blood is poor in hematin require material doses; plethoric, haemorrhagic conditions call for small doses, from the second to the sixth potency.¹



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4. MURPHY R., Homeopathic Remedy Guide
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6. NASH E.B., Regional leaders

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