HOMOEOPATHIC MANAGEMENT FOR COMMON GYNAECOLOGICAL DISORDERS

1Dr. Pratibha Raturi
1PGR
1Department of Homoeopathic Materia Medica
1Baksons Homoeopathic Medical College And Hospital, Greater Noida, Uttar Pradesh.

ABSTRACT
Urbanization and Stressful Lifestyle has Tremendously Increased the Prevalence of Female Genitourinaray Disorders. As Female Population contributes to 49.58% i.e, almost 50% of the Total World Population, Therefore, Awareness and Treatment of various Gynaecological conditions becomes an Important aspect for our Society. With Homoeopathy we can Manage as well as Treat many Gynaecological Disorders and Enhance the Overall Health of Females. This Article Deals with the Common Gynaecological conditions like PCOS, Endometriosis and Uterine Fibroids their Prevalence, Risk factors, Clinical Features along with the Homoeopathic Management using Common and Lesser Known Remedies.

KEY WORDS
PCOS, Endometriosis, Uterine Fibroids, Homoeopathic Management, Lesser Known Remedies, Female Disorders.

ABBREVIATIONS
Poly Cystic Ovarian Syndrome: PCOS

INTRODUCTION: Common Reproductive Health Concerns for Women are:
1. Endometriosis: Prevalence is about 10%. High among Infertile Women (30-40%).
2. PCOS: Around 20% women i.e, 1 in Every 5 Women in India suffer from PCOS.
3. Uterine Fibroids: It is Clinically Apparent that About 25% Women have Fibroid Growth in their Uterus.

ENDOMETRIOSIS
The Presence of Functioning Endometrium (Glands and Stroma) in Site Other than Uterine Mucosa is called endometriosis.
Prevalence: 1. Real:- Delayed Marriage, Postponement of 1st Conception
   2. Apparent:- Increased Use of Diagnostic Laparoscopy.
Sites of ENDOMETRIOSIS -

<table>
<thead>
<tr>
<th>COMMON SITES</th>
<th>RARE SITES</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVARIES</td>
<td>UMBLICUS</td>
</tr>
<tr>
<td>PELVIC PERITONEUM</td>
<td>ABDOMINAL SCAR</td>
</tr>
<tr>
<td>POUCH OF DOUGLAS</td>
<td>EPISIOTOMY SCAR</td>
</tr>
<tr>
<td>UTEROSACRAL LIGAMENTS</td>
<td>LUNGS</td>
</tr>
<tr>
<td>SIGMOID COLON</td>
<td>PLEURA</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>KIDNEY</td>
</tr>
<tr>
<td>FALLOPIAN TUBE</td>
<td>NASAL MUCOSA</td>
</tr>
<tr>
<td></td>
<td>ARMS, LEGS</td>
</tr>
</tbody>
</table>

CLINICAL FEATURES: Dysmenorrhea (70%), Abnormal Menstruation, Infertility (40-60%), Dyspareunia (20-40%), Chronic pelvic pain, Abdominal pain.¹

HOMEOPATHIC THERAPEUTICS:

- **Aletris farinosa**: Anemic, Relaxed Condition, especially in Females, Premature and Profuse Menses (Menorrhagia) with Labor like Pains (Dysmenorrhea), Retarded and Scantly Flow Uterus seems Heavy, Prolapsed, with Pain in Right Inguinal Region.

- **Bryonia alba**: Frequent Epistaxis when Menses Should Appear. Menses too Early, too Profuse. < motion, Menses Suppressed with Vicarious Discharge or Splitting Headache. Pain in Right Ovary as if Torn.

- **Cimicifuga**: Pain in Ovarian Region. Shoots Upwards and Down the Anterior Surface of Thighs. Menses Profuse, Dark, Clotted, Offensive with Backache. Pain Across Pelvis from Hip to Hip.

- **Secale cornutum**: Menstrual Colic with Coldness and Intolerance to Heat, Burning Pain in Uterus, Irregular Menses, Copious Dark, Continuous Oozing of Watery Blood till Next Period.

- **Ustilago maydis**: Vicarious Menstruation, Ovarian burns, Painful and Swollen (Ovaritis). Profuse Menses after Miscarriage, Discharge of Blood on Slightest Provocation Cervix Bleed Easily.³⁴

UTERINE FIBROID

Fibroid is the Most Common Benign Tumor of the Uterus and also Most Common Solid Tumor in Females.

Risk Factors for Fibroid: Nulliparity, Obesity, PCOS, High fat diet, Family History, Hyperestrogenic state.²

Clinical features: Asymptomatic (75%), Menstrual Abnormalities: Menorrhagia (30%) Metrorrhagia, Dysmenorrhea, Infertility, Lower abdominal or pelvic pain, Abdominal Enlargement.¹

HOMEOPATHIC THERAPEUTICS:


- **Calcarea sulphurata stibiata**: Acts as a Hemostatic and Absorptive in Uterine Myoma.

• **Gossypium herbaceum**: Intermittent Pain in Ovaries. Morning Sickness with Sensitive Uterine Region. Menses Too Watery. Uterine Sub Involution and Fibroids with Gastric Pain and Debility.

• **Hydrastininum muraticum**: It is a Uterine Hemostatic and Vasoconstrictor, Metrorrhagia, Especially from Fibroids, Hemorrhages; in Dilatation of Stomach.\(^3\&4\)

**POLY CYSTIC OVARIAN SYNDROME**

Originally Described in 1935 by Stein and Levanthal as a Syndrome Manifested by Amenorrhoea, Hirsutism and Obesity, Associated with Enlarged Polycystic Ovaries. It is Most Common in Women of Reproductive Age.

**ETIOLOGY**: Dysregulation of CYPII a gene, Insulin Receptor Gene on Chromosome 19 p 13.2 also involved, Congenital Adrenal Hyperplasia, Thyroid Dysfunction, Hyper Prolactinaemia, Cushing’s syndrome.

**CLINICAL FEATURES**: Increasing obesity(abdominal 50%), Menstrual Abnormalities(70%) such as Oligomenorrhoea, Amenorrhoea, Dysfunctional Uterine Bleeding, Infertility, Hirsutism, Acne, Acanthosis Nigricans, HAIR-N Syndrome.

**HOMOEOPATHIC THERAPEUTICS**:

• **Aurum iodatum**: Ozena, Lupus, Osteitis, Ovarian Cyst, Myomata Uteri.

• **Apis mellifica**: Ovarian Tumour (Cysts), Metritis with Stinging Pain. Great Tenderness in Abdomen, over the Uterine Region, Soreness and Stinging Pains; Ovaritis; Worse in Right Ovary. Dysmenorrhoea with Severe Ovarian Pains.\(^4\&6\)


• **Colocynthis**: Boring Pain in the Ovary. Must Bend with Great Restlessness. Round, Small Cystic Tumours in the Ovaries or Broad Ligaments. Wants Abdomen Supported by Pressure. Bearing Down Cramps Causing her to Bend Double.

• **Sycotic compound**: Hirsutism in Women. Delayed Menstrual Cycle, Irritation of Female Sexual System; Endocervicitis; Metritis, Ovaritis. Pain in Left Ovary; Left Salpingo - Ovaritis, Cystic Ovary.\(^3\&4\&6\)

**CONCLUSION**

Women’s Health is a Great Point of Interest for Our Society. By above Article we can Conclude that not only Homoeopathic Polycrest Remedies but also many Lesser Known Remedies are also Indicated in Common Gynaecological Conditions. Therefore, we can conclude that Homoeopathic Remedies are indicated and can not Only Manage but also to much Extent Cure the Female Conditions like PCOS, Uterine Fibroids and Endometriosis etc.

**BIBLIOGRAPHY**


