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## REVIEW ARTICLE

### UNDERSTANDING THE SCOPE OF HOMOEOPATHY IN PUBERTY MENORRHAGIA

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#### Abstract

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Puberty brings a lot of hormonal and physical changes in a female's body. The onset of menstruation marks an important developmental landmark. Although it is common for the adolescent girls to be unaware of their abnormal bleeding patterns, as it is often believed that disturbed menstrual cycles during the initial years of onset of menstruation is part of the normal process. However, any abnormal uterine bleeding can impact their long-term health even, affecting the school attendance. Menorrhagia or excessive bleeding at puberty lasting for few or more years is one such condition. The underlying factors that cause protracted menstrual cycles and profuse bleeding makes the female anaemic and have potential effects of long-term health consequences and decreased quality of life. This may also considerably affect the growing years of the female. So, during all routine visit's general assessment of the menstrual cycle should be an additional concern to be taken care by the paediatrician. Homoeopathic approach in treating puberty menorrhagia aims to establish the normal menstruation and treat the underlying cause if any, by understanding every individual's mind and disposition. As the homoeopathic medicines are prescribed on similarity of symptoms, the entire constitution and health of a female is improved through the correct similimum. This article is an attempt to highlight the scope of homeopathy in managing menorrhagia in adolescent girls elucidating the indications for some of the drugs from homoeopathic Materia medica.

#### INTRODUCTION

The beginning of menstruation in females does not necessarily imply that

ovulation has occurred. In majority of the girls, initial years of menstrual cycles are anovulatory. The length of the cycle varies for some substantial years after menarche. It may even take 5-8 years for a normal menstrual cycle to be established in some females. During the initial phase of puberty, it is common for adolescent girls to present with menstrual irregularities.<sup>1</sup> The menstrual irregularities may be irregular bleeding, frequent or infrequent bleeding, scanty or heavy menstrual bleeding and even skipped menses. One such domain with excessive and profuse menstruation during adolescence is called as the Puberty Menorrhagia. The most common complication of menorrhagia is anaemia, which is very commonly seen in the young girls. Anaemia contributes to maximum disability adjusted life years (DALYs) among adolescents globally.<sup>2</sup> Data estimation studies on the prevalence of menorrhagia in adolescent girls and subsequently, the efficacy of allopathic management in puberty menorrhagia are available and have been carried out in the past.

To evaluate the causes of puberty menorrhagia in adolescent girls of rural India, a retrospective data of 2 years (April 1, 2017- December 31, 2019) from Index Medical College Hospital and Research Centre, Indore was taken and analysis was done. They concluded the immaturity of

hypothalamic-pituitary ovarian axis to be the most common cause of puberty menorrhagia, followed by PCOS, endocrinal and haematological disorders. The general menstrual pattern seen in adolescent girls was menorrhagia (78.6%), meno-metrorrhagia (12.9%) and polymenorrhagia (8.6%). 48.6% girls presented with the symptoms of menorrhagia for more than 1 year. Moderate to severe anaemia was seen in most of the girls.<sup>3</sup> In another study at MGM Medical College and Hospital, Aurangabad between October 2013-2015, out of 52 patients 48% girls had menorrhagia for more than 1 year. The study showed an incidence of 9.1% of puberty menorrhagia among 570 adolescents during the study period.<sup>4</sup>

Similarly, in a prospective study to analyse the clinical presentation, aetiological factors and treatment outcomes of puberty menorrhagia in 26 patients admitted in Lalla Ded Hospital, Srinagar from January 2014-June 2015, it was found that in 69.2% patients the immaturity of the hypothalamic-pituitary-ovarian axis was the basic cause of puberty menorrhagia.<sup>5</sup> The results of an observational study carried out at Calcutta National Medical College, 2012-2013 also found that the commonest cause of puberty menorrhagia is dysfunctional uterine bleeding, seen in 64% patients. The most

common age group observed was 11-13 years and moderate anaemia was seen in 50% girls.<sup>6</sup> To evaluate the effectiveness of medical management in pubertal menorrhagia, a prospective observational study on 48 sample size was done. They concluded puberty menorrhagia as a distressing condition that may lead to severe complications and may even require blood transfusion.<sup>7</sup> According to a school-based study on 350 participants in a rural setup in Tiruvallur district, Tamil Nadu, 87.7% of the girls suffered from menstrual problem. Menorrhagia was prevalent in 45.7%.<sup>8</sup>

Clinically, menorrhagia is a symptom rather than a disease itself. It is mainly a manifestation of morbid state or disease. Despite this, it is seen that females don't opt for any treatment. The reasons are obvious. Lack of education, awareness and ignorance towards adolescent health by the families especially in developing countries like India.<sup>9,10</sup> Through the easily affordable, safe and natural homoeopathic medicines, not only normal menstrual cycle can be established but also help to cure any associated pathology that may be causing menorrhagia. The need is to create awareness among adolescent girls regarding the symptoms of abnormal menstruation and make them understand the benefits of health seeking treatment. The education of parents on such issues is

also needed. Homoeopathy offers a wide range of medicines that may be assessed for their effectiveness in puberty menorrhagia. This demands for vigorous research work with adequate samples to prove the point.

This article aims to understand the causes, severity and medical management of puberty menorrhagia. Furthermore, the article attempts to enlist the indications of some homoeopathic drugs that can be used in cases of menorrhagia in young females, thereby emphasizing the scope of homoeopathy in the condition.

#### **PUBERTY MENORRHAGIA:**

Puberty menorrhagia is defined as excessive bleeding in amount (more than 80 ml) or for longer duration (more than 7 days) between the age of menarche and 19 years. Abnormal bleeding accounts for approximately 50% of gynaecological visits in adolescent girls<sup>11</sup> with complaints ranging from minimal spotting to heavy bleeding. The common causes of puberty menorrhagia include hypothyroidism, coagulation disorders, Polycystic Ovarian disease and anovulatory cycles. In 80% cases, menorrhagia during the pubertal phase is found to be caused by anovulatory dysfunctional uterine bleeding. The hypothalamus is not fully mature and there is an inadequacy of positive feedback response. The hypothalamic pituitary-ovarian axis is disturbed causing propped

high levels of oestrogen<sup>12</sup> making it as the most common reason for abnormal bleeding in adolescent girls. A pathological/ organic disease of the uterus and uterine malignancy are rare causes of menorrhagia during puberty. Risk factors for menorrhagia during puberty are intensive stress, excessive exercises and obesity.<sup>5</sup>

The focus of initial evaluation of a patient with heavy menstrual bleeding is to determine whether the bleeding is acute and causing hemodynamic instability, through careful history taking, physical examination, laboratory testing and radiologic imaging. The severity of puberty menorrhagia may be classified as in Table 1.<sup>13</sup>

**Table 1: Severity Of Puberty Menorrhagia**

CATEGORY	CHARACTERISTIC	HAEMOGLOBIN LEVELS
<b>Mild</b>	Menses appearing longer than 7 days or shorter not before 3 weeks in a similar pattern successively for two months, with slightly or moderately increased bleeding.	The haemoglobin levels may be normal or mildly decreased (10-12 g/dL).
<b>Moderate</b>	Cases where menses are moderately prolonged or occurring more frequently (every 1-3 weeks) with moderate to heavy bleeding.	The haemoglobin levels should be above 10 g/dL.
<b>Severe</b>	Menses with heavy bleeding occurring frequently and for prolonged duration.	The blood haemoglobin level being less than 10 g/dL

Careful history taking should include examination of<sup>14</sup>:

- Menstrual history with enquiry of age of menarche, regularity and duration of menses including the number of pads/tampons used per day during each cycle.
- Sexual history with details of any related pains/history of abortions.

- Past medical history enquiring on any undergoing treatment for systemic illness or history of any surgery.
- Detailed systemic review of symptoms ruling out the other systemic causes such as obesity, PCOS, hypothyroidism, hypothalamic or adrenal disorder for menorrhagia.

- Family history to rule out familial tendency of coagulopathy diseases.

When a suspected case of puberty menorrhagia visits the clinic, the physical examination of the patient must include vital parameters like blood pressure and body mass index (BMI). Skin or mucosal pallor should be looked for to rule out anaemia. Excessive or abnormal hair growth patterns, acne and other signs potentially indicating hyperandrogenism must be investigated. Thyroid enlargement or tenderness should be examined. Bruising or petechiae over the skin indicating coagulopathic disorders must be thoroughly ruled out. Laboratory tests including urine pregnancy test, complete blood count, peripheral blood smear, ferritin level, prothrombin time, activated partial thromboplastin time and fibrinogen should be carried out to reach to the possible cause.<sup>12</sup> In all cases of puberty menorrhagia, pregnancy, incomplete abortion and ectopic pregnancy must be excluded before reaching the diagnosis. Pelvic examination can be possibly postponed till sometime of managing such cases with medicine as pathological causes of menorrhagia in adolescents are exceedingly rare.<sup>13</sup> As the physical examination in adolescence is limited USG can provide additional details on endometrial thickness and help to rule out PCOS. Information regarding structural

lesions of the genital tract in adolescents can be achieved through non-invasive pelvic ultrasonography.

### **Prognosis:**

The prognosis of excessive and heavy uterine bleeding during adolescence is favourable but aetiology ultimately decides the course. The purpose of evaluation and providing treatment for puberty menorrhagia is to improve the overall quality of life and fertility of the girls for future ventures. The focus is to rule out other comorbidities that may impact the patient's symptomatology and response to treatment also paying attention to serious conditions such as malignancy or congenital deformities.

### **Conventional Approach:**

The conventional management of anovulatory bleeding aims at controlling symptoms of menorrhagia and preventing anaemia in young girls. In mild cases, reassurance with prophylactic iron treatment is given. In sexually active adolescents who are hemodynamically stable or have anaemia (Hb levels below 9 mg/dl) and are actively bleeding are kept on monophasic oral contraceptives along with iron supplementation or injection of medroxyprogesterone acetate for 3 to 6 months after which normal menstrual cycle is established. Severe cases of bleeding which are hemodynamically unstable require immediate blood

transfusions with intravenous administration of conjugated oestrogens until bleeding stops for 24 hours. After the bleeding stops, the patient is kept on strong androgenic progestogen therapy or OCPs.<sup>13</sup>

#### **HOMOEOPATHIC ASPECT:**

Through homoeopathic treatment in cases of menorrhagia, improvement in quality of life of adolescent girls can also be established without any side effects. A careful homoeopathic physician will pay attention to the detailed history and constitution of the female, before reaching the similimum. Homoeopathic system of medicine employs the medicines on the totality of symptoms of the patient. So, the medicines help in establishing normal menstrual cycles with no associated symptoms. The choice of remedy is purely based on the specific characteristic symptomatology and constitution of the patient. Use of certain organopathic drugs is employed to manage acute symptoms and palliation. Appropriate management of such cases is always desirable. To manage the anaemia, modification of diet through proper advice and iron supplementation is must to improve the patient. Cases requiring immediate blood transfusion should immediately be referred to the nearby medical centres. Below are the indications of few homoeopathic medicines that may prove helpful in

managing cases of puberty menorrhagia<sup>15,16</sup>:

1. ***Aconitum Napellus***: The menses continue too long in aconite patients. There is uterine haemorrhage. Menses are profuse, long-lasting especially in plethoric women, who lead a sedentary life. The symptoms result from vexation combined with anxiety and fright. The patient gets very easily frightened and there is marked fear of ghosts.
2. ***Aletris Farinosa***: There are premature and profuse menses, where the discharges are dark with coagulation. There is feeling of weight in uterine region. There is debility, defective nutrition and assimilation, with drowsiness, vertigo, fainting with extreme constipation. There is marked anaemia. The patient is tired all the time and the uterus seems heavy.
3. ***Argentum Nitricum***: For argentum female, menses appear too early, profuse, long lasting with cutting pains in the small of back and groin. There is regular flow, but with a great deal of pain day before, which makes her horribly faint. Flow irregular, too soon or too late, too copious, or too scanty, but always with thick coagulated blood is the keynote for this drug.
4. ***Aurum Metallicum***: Menses are too early and too profuse in the female.

The blood is acrid and causing great soreness in the pudenda. The menses may come on suddenly. There are eruption or pimples on labia majora with colic and constipation during menses. Offensive putrid breath in girls at the age of pubescence is present.

5. **Belladonna:** There is uterine haemorrhage of hot, bright red blood with urging toward genitals containing dark, offensive clots. The blood is thick, decomposed and of dark colour, the discharge feeling hot as it passes. There is heavy bleeding during periods with pain in hips. Great mental disturbance, throbbing headache, red and suffused face in young girls is the key feature to prescribe Belladonna.
6. **Borax:** There is intense pain in the womb and lower abdomen during menstrual bleeding in a borax female. The pain from the abdomen may extend to the lower back. There occurs profuse bleeding during periods and pain also results in nausea.
7. **Bromium:** Premature and profuse flow of bright-red blood or passive flow with much exhaustion in patients. Before menses patient feels fullness in head and chest, headache and difficult respiration, violent contractive spasms in abdomen, leaving parts very sore, pain in small of back, feeling of great weakness. During menses there are membranous shreds with pain in abdomen, violent contractive spasms, leaving parts very sore. There is weakness and want of appetite after disappearance of all symptoms.
8. **Calcarea Carbonicum:** A calcarea carb. female suffers with premature, profuse and protracted menses where the least excitement can cause return of menses. The discharge is of light colour or bright blood. During menses, patient complains of exhaustion in the morning with congestive headache, which is aggravated when ascending or rising from a stooping position, with coldness of limbs.
9. **Calcarea Phosphoricum:** Menses appear too early in young girls, with bright red blood. Patient complains of headache 3-7 days before menses. During menses, there is vertigo and throbbing in forehead with pressure in the pubis. There may be accompanying diarrhoea, backache with shooting pains from left to right with want of appetite in the female. The lower limbs feel heavy and fatigued during menses.
10. **Cocculus Indica:** The menses are too early, too profuse, with crampy colic pain, which gushes out in a stream when she rises on her feet. In a cocculus female patient before menses, there is great weakness with crampy

colic, flatulence, spasms in chest with sighing. There is a constant sensation as if about to faint. During menses, she may complain of paralytic weakness in back and lower limbs, so that she can hardly stand or walk. There is trembling all over the body. All her complaints are aggravated by grief and fear.

11. **Crocus Sativa:** The menses are too early and too profuse with dark, black coagulated stringy blood, with or without pain. The discharges in crocus sativa patient are foul-smelling, protracted, and profuse flow which gets aggravated by least motion. There is sensation as if menses would appear, with pressure and colic towards genitals. There is great sexual excitement before menses. The female will have changeable mood with sadness.
12. **Erigeron:** Too scanty or too profuse menses, with violent irritation of rectum and bladder are marked feature of this drug. The discharged blood is profuse and bright red with dull backache. The patient may present with pain in left ovary and hip. There occurs persistent haemorrhage from the uterus along with painful micturition. The menorrhagia may return after least motion, coming in gushes, with urinary irritation.
13. **Hamamelis:** It is a drug for haemorrhages. There is dark profuse bleeding with clots and membranous discharges often passive bleeding in this drug. Vulva feels sore with much pruritus and there is severe pain in the lumbar region. There may be ovarian congestion and neuralgia which makes the area feel very sore. There may also be Intermenstrual pain. Vagina may feel very tender accompanied with itching.
14. **Lachesis Mutus:** In a Lachesis female, there is violent headache, boring pain in the vertex, nausea and vomiting during menses. The discharge of menstrual flow is black blood. The menstrual pains increase violently until relieved by the flow. The menstrual sufferings are before and after the flow, with amelioration during the flow. Menorrhagia with chills at night and flushes of heat in the daytime.
15. **Platinum Metallicum:** There is burning, stitching pains in the ovaries. Inflammation of the ovaries coming with haemorrhage of the uterus during the menstrual period is seen in the female. There may be a polypus of the uterus and may cause uterine haemorrhages. Copious menstrual flow of dark, even black, and dotted with much fluid blood is present. The menstrual flow comes too early, is too

profuse, and then generally of short duration.

16. **Sabina:** In such females, the menses are profuse and bright with uterine pains extending into thighs. Menorrhagia of those women who aborted readily is one of the prescribing features of this drug. Inflammation of ovaries and uterus is seen after abortion. There is pains extending from sacrum to pubis, and below upwards shooting up the vagina. There is haemorrhage of partly clotted blood which is worse from least motion. There may be atony of uterus. Female may present with too frequent and prolonged copious menses. A striking feature in this drug, as in a few other remedies, is that the flow is liquid, bright red, intermingled with clots.

17. **Thlaspi Bursa Pastoris:** This drug is a wonderful medicine for metrorrhagia with uterine colic. There is premature menstruation first day with a little show, followed for the second day by haemorrhage with severe colic and expulsion of clots. An exhausting state with violent uterine colic and cramps is felt. Menses are too frequent and copious. There may be bloody, dark, fetid leucorrhoea occurring before and some days after menses, which were profuse and dark. Patient experiences

very profuse periods alternately. The female scarcely recovers from one period before another cycle begins.

#### CONCLUSION:

Homoeopathic literature is well versed with many medicines that can treat menorrhagia and its associated complaints. No substantial research exploring the role of homoeopathy in puberty menorrhagia has been done. Puberty menorrhagia may not be a serious concern always but may turn consequential when haemodynamic instability occurs. The female health should be taken care of adequately and the cause should always be ruled out to avoid complications of childbearing. Homoeopathy seems to have a scope in puberty menorrhagia through application of the well selected medicine. This demands more substantial evidence to establish the efficacy of homoeopathy in such cases.

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