

A Case Report on the Effectiveness of Homoeopathic Medicine for Treating Dub Case with Anemia

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Abstract

A 45 years female suffering from Dysfunctional Uterine Bleeding since 27 days, with marked prostration and anemia. The case was treated with its symptom similarity on account of its prostration, Cinchona 200 was prescribed. For improving anemia Ferrum met 1M was given. Patient improved in a shortest period.

Key words: Anemia, Cinchona, DUB, Ferrum metallicum

INTRODUCTION

DUB is an abnormal vaginal bleeding pattern that occurs outside of the regular menstrual cycle, primarily by hormonal imbalances. Prevalence ranges between 3% - 30% among reproductive aged women. Most common during puberty and perimenopause.

DUB is characterized by heavy menstrual bleeding, or bleeding between periods, bleeding containing large clots, bleeding lasting more than 7 days. 20% cases DUB found with ovulation but 80% are Anovulatory. This type of abnormal bleeding usually happens with absence of progesterone and endometrial growth happens due to influence of estrogen. An ovular bleeding is usually due to the basic fault lie in ovaries in relation to less amount of gonadotropins secretion there is also a slow increase in the secretion of estrogen without any feedback inhibition of FSH. As a result of this there is gradual rise in the level of estrogen with a phase of amenorrhea for about six to eight weeks. After a period when estrogen level falls resulting in endometrial shedding.(1)

PATIENT DETAILS

Name: X

Age/ sex: 45 years/ Female

Date: 8/9/23

Presenting complaint:

Complaints with duration	Location	Sensation/ character & pathology	Modalities	Concomitants

Profuse menstrual bleeding LMP- 13/8/23 still bleeding	Female reproductive system	Profuse bleeding Clots present (5-6 cm in size) Dark clots Dizziness	< lying down < night	Prostration Tiredness Shivering all over body. Diaphoresis Chilliness
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H/O present illness:

The patient came with complaint of menorrhagia, her menses starts before 27 days which was continuing till date. The menses is too profuse, protracted, with subsequent weakness and anemia due to severe blood loss. On examination pallor present. She went for blood transfusion. Even after blood transfusion she was still weak. Her hemoglobin level is only 5mg/dl. She had no relief with allopathic treatment.

Past history:

In 2003- tubectomy done.

Menstrual history:

FMP- 15 years

Menses profuse, gushing, sleep disturbed due to bleeding.

Obstetrical; history:

Gravida- 2 Para-2

No history of abortion, no still birth present.

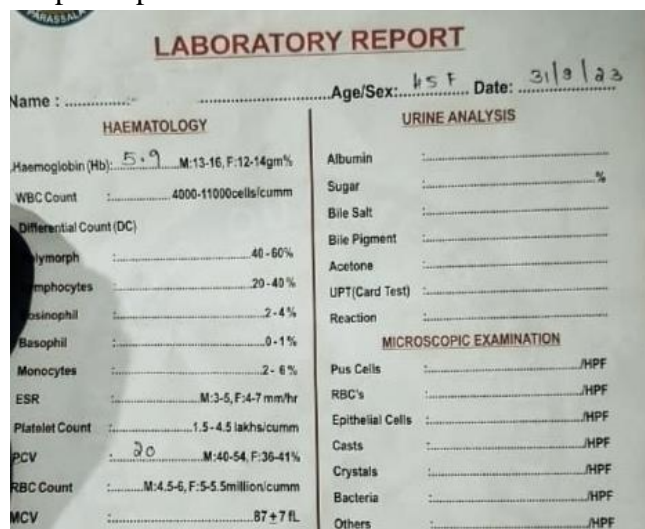
Mental generals: Easily weeping. **Physical generals:** Appetite: good Thirst: good

Sleep: disturbed due to bleeding Stool: regular

Urine: regular

Sweat: increased, coldness of body present. Desires: tea

Physical examination Anemia : pallor present Other : NAD



Hemoglobin: 5.9 gm% First Prescription:

Rx

- FERRUM MET 1M/ 1D
- CHINA 200/1D in 10 ml aqua 5gtt * 2 hourly daily dose

Follow up

9/9/23

Inspection : weak and tired look, odema on antecubital region due to blood tapping.

Palpation- general coldness over body Blood pressure- 140/100mmHg

Pulse- 78/min

Respiratory rate-18/minute

Lab investigation:

USG report shows Thickened Endometrium.

- Spotting of menses present.
- Clots decreased in menses
- Watery menses
- Dizziness feels better than before
- Tiredness persists
- Trembling of whole body decreased.
- Sweat- increased over head and face
- Sleep- disturbed
- BP- 130/100mm Hg
- Pulse- 80/min
- Rx
- Sleep- disturbed
- BP-120/90

Rx

CHINA 200/1D in 10 ml

aqua* 2 hourly

CHINA 200/2D (1D-ST, 1D- HS)

(stat)

11/9/23

FERRUM MET 1M/1 Dose

12/9/23

- Menses stopped.
- Dizziness- relieved
- Tiredness- relieved
- Menses spotted
- Clots decreased in menses
- Tiredness and dizziness feels better than before.
- BP- 110/80 mmHg Rx

CHINA

200/2D

(1 Dose OM, 1Dose HS)

LAB REPORT ON 11/9/23

CLINICAL LAB SERVICES		
Name :	Age : 65	Ref No : 121,471
Dr Name :	Sex : Female	OP NO :
Unit :	Collection time : 11/09/2023 12:44:14PM	Report on : 12/09/2023 10:19:50AM
Test Description	Value Observed	Reference Range
HAEMOGLOBIN	: 8.7 gm/dl	M-13.2-17.3 Fw-11.7-

LAB REPORT ON 21/9/23

CLINICAL LAB SERVICES		
Name :	Age : 45	Ref No : 122,026
Dr Name :	Sex : Female	OP NO :
Unit :	Collection time : 21/09/2023 9:45:39AM	Report on : 21/09/2023 10:12:17AM
Test Description	Value Observed	Reference Range
HAEMOGLOBIN	: 9.0 gm/dl	M-13.2-17.3 Fw-11.7-

Inference

Her hemoglobin level increased to 9gm/dl from initial level of 5.9gm%. she was very weak and tired at the time of admission, having menorrhagia within 4 days of homoeopathic treatment her Hb level raises with stoppage of menses and her overall health has improved with China and Ferrum met.

Discussion

In this case China officinalis was given along with Ferrum metallicum. The patient was very weak on the day of admission. Severe pallor seen. Her weakness, dizziness and all subsides after Cinchona and Ferrum met which was given on daily basis. Two doses of Ferrum met was given. Patient improved a lot and her menorrhagia stopped after 4 days of treatment, which was not improved by conventional treatment and blood tapping. Her Hb level came upto 9gm% at the time of discharge.

Cinchona is a remedy indicated for debility from exhausting discharges, loss of vital fluids. Persons who have become anaemic and sickly from repeated hemorrhages. China produces a gradually increasing anemia, with pallor and weakness. It is sometimes indicated in plethoric individuals, symptoms tending towards cachectic state. Menses too early. Dark clots. Coldness, much sweat; protracted sleeplessness. Anxious. Free perspiration caused by every little exertion, especially on single parts. A/F= loss of vital fluids. Metrorrhagia with discharge of black blood.(2)

Ferrum metallicum adapted to young weakly persons, anemic, chlorotic, with pseudo-plethora, who flush easily. Cold extremities. Weakness from mere speaking or walking through looking strong. Pallor of skin, mucous membrane, face. Menses too early, too profuse, last too long; pale, watery.

Result

Patient showed marked improvement within a day after taking ferrum met and china. Menses stopped after 4 days with gradual spottings. Hemoglobin level gradually improved. At the time of discharge Hb level improved upto 9mg%.

Differential diagnosis

Cystic glandular hyperplasia (Syn: Metropathia hemorrhagica, Schroeder's Disease)- This type of abnormal bleeding is usually met in premenopausal women. The underlying problem could be with the ovaries or with the rhythmic secretion of gonadotropins. There is a gradual increase in estrogen secretion, but no negative feedback inhibition of FSH. The net effect is a progressive increase in estrogen levels with a corresponding episode of amenorrhea lasting about 6-8 weeks. Because there is no ovulation, the endometrium is under the effect of estrogen without being inhibited by growth-limiting progesterone for an extended length of time. After a variable duration, the estrogen level drops, causing in endometrial shedding and severe bleeding. Bleeding also happens when the endometrial development outgrows its blood supply. Tissue degradation occurs over a lengthy period of time as uterine thickness increases.

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