

- Disorders Of The Female Reproductive System
- Cistus Canadensis
- Therapeutics for Uterine disorders
- Vertigo-loss of equilibrioception

HomeoBuzz

CONTINUING MEDICAL INFORMATION

Vol. 14, No. 12, March 2019, Total No. of Pages 16

Dear Readers,

In the event of global circumstances seemingly unstable and terror stricken, minds are actively pondering over the future possibilities. The peace of our minds is at unrest, and there is a general feeling of ambiguity and anxiety prevailing all over, with episodes of emotional turbulence and overexcitements, hitting various sects of the population world over. But the world has to move ahead positively and constructively, despite any amount of forces working to pull us back, which means to keep on treading the path of peace, performing the basic human duties of livelihood. It sounds so simple but all of us will agree that it is very easy to fall prey to the fanaticism, induced by the superfast digital network. Our beliefs and ego have become our identities today, no matter howsoever reasoning our minds are gifted with. The values that used to be the strength of our progenitors are fading away, as if being swept away by the informative precocity spilled over immature minds by the digital world.

It is a great responsibility on the shoulder of the world population to guide and rebuild the beliefs of our progeny based on love and peace, rather than hatred and violence. As so wonderfully written by Rabindranath Tagore, the 1913 noble laureate of India:

"Where the mind is without fear, and the head is held high, where knowledge is free,

Where the world has not been broken up into fragments by narrow domestic walls.....

In to that heaven of freedom, my father,

LET MY COUNTRY AWAKE!"

Let peace and love be the trending #. We Indians have been the flag bearers of the peaceful world, since times unforgettable and will always keep this spirit and **JOSH HIGH !!!!**

Kuldeep Jain
Chief Editor

Dear Doctors,

Nature is a highly planned sovereign creator and director of the entire universe. It is whole in itself with all its components in their varied forms playing their roles for individual as well as universal subsistence. It optimally balances positive and negative energies animated as masculine and feminine genotypes throughout the universe. All the living species have both these elements equally, but the expression of the dominant element determines the character and action of the individuals of that species.

Nature can be visualized in its most intricate forms in men and women of human species, rival in energies yet complementing each other mutually. Somehow despite of this fact, our psychological impression of females is that of a weaker sex, fragile and delicate who need to be guarded at all times. Contrarily women are the bearer and nurturer of humans on earth with unfathomable strength and endurance as their attributes. Women are the care givers of the society and while doing so, their need of care often goes unattended. This is a fact for women of all the strata of society with whatsoever level of education they own. Good education and good health are the basic rights of every human being and women have to start realizing this. With proper awareness about body and its functionality many gynaecological disorders can be timely treated and adverse health conditions can be avoided. For females health care becomes a necessity during puberty, pregnancy and menopause when their bodies are under the influence of hormonal changes. In this issue we have talked about uterine complaints and its homoeopathic management besides disorders of equilibrioception - vertigo. We will also have a look on the potential of homoeopathy in successfully managing critical conditions associated with these disorders.

With this introduction I usher all the readers to the Homoeobuzz of this month. *Happy reading!*

Dr. Vasundhara
Editor

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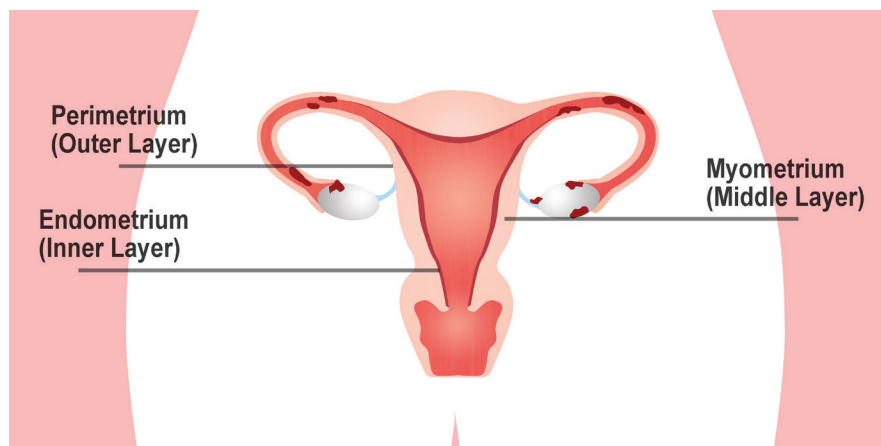
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UTERINE COMPLAINTS

DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM

The female reproductive system is subjected to structural changes under cyclical hormonal fluctuations over the entire reproductive span. These cyclical tissue changes prepare the womb for conception every month and in the event of non conception the whole series of event resets and gets replayed after a transitional shedding off of the endometrium that was built up in the preceding cycle.

To understand the disorders of the uterine functions a brief review of it's physiology has to be done. The uterus is a pyriform, muscular viscus with marked capacity of expansion and elasticity making it appropriate for the growing foetus during pregnancy. The uterine wall is a 3 layered structure with an outer serous layer perimetrium, middle muscular layer myometrium and inner epithelial layer, the endometrium.



The structure and layers of uterine wall.

Besides it's character of expansility required during late pregnancy, it also serves as a nourishing receptacle for the fertilized ovum or zygote for which the endometrium undergoes histological changes under the influence of hormones secreted by hypothalamus → pituitary gland → ovarian follicle (graafian follicle) → corpus luteum. Oestrogen and progesterone (secreted by graafian follicle and corpus luteum respectively) are the hormones directly affecting the histological changes in endometrium.

The normal endometrial cycle begins with proliferative phase lasting for about 14 days under the influence of oestrogen, followed by ovulation on or around 14th day, and consequent secretory phase under the influence of progesterone. The cycle ends with endometrial shedding and the next cycle begins anew. Histologically, the endometrium has different appearance in different phases of the menstrual cycle.¹

Besides the normal menstrual cycle, certain other conditions like hormonal therapies, pregnancy and menopause also influence the morphology of endometrium. These histological changes visible as menstrual cycle are the result of a synchronized series of hormonal play executed by the hypothalamic pituitary and ovarian axis. Most of the uterine functional disorders find their root cause in a disturbance of this cycle and are manifested as amenorrhoea, menorrhagia, metrorrhagia, pelvic pain, backache, abnormal vaginal discharges, weakness and anaemia.

Menorrhagia is excessive and uncontrolled menstrual bleeding which can be either

UTERINE COMPLAINTS

functional or pathological. Mostly during menarche and menopause the profuse and irregular bleeding occurs without any causative uterine lesion like tumour, polyp, infection, hyperplasia, trauma, blood dyscrasia or pregnancy. During these extreme phases of a female reproductive period anovulatory cycles are common and characterized by prolonged oestrogenic phase, anovulation and absence of progestational phase. These are clinical cases of Dysfunctional Uterine Bleeding(DUB). Menorrhagia is also seen in cases of infertility when it is better known as ovulatory dysfunctional bleeding. It can also be seen in cases of PCOS, where hairfall, hirsutism, and skin pigmentation are the accompanying symptoms.

Intermenstrual and excessive menstrual bleeding is usually a presenting symptom of a uterine pathology such as infections, endometriosis, ovarian cysts, fibroids, polyps or tumours. In such cases there are associated symptoms of pelvic pain and heaviness, along with weight gain or weight loss and anaemia. A persistent complaint of excessive menstrual flow should be notified with a qualified physician and thoroughly investigated.

Another symptom of uterine disorders is **lower abdominal pain and heaviness** usually accompanied with backache, leucorrhoea, secondary amenorrhoea (absence of menses), oligomenorrhoea (scanty menses) or menorrhagia. Pain is a very crucial symptom in any case of inflammation occurring due to infection, trauma or space occupying lesion. Endometritis and myometritis are infrequent causes of pelvic pain complained by females in both acute and chronic infections usually occurring during puerperal phase after delivery, abortion or retained products of conception. It can also be caused by advancement of gonorrheal infection from the cervix and vagina or after usage of Intra Uterine Contraceptive Devices. In chronic cases, tuberculous endometritis should always be ruled out as it also is a major cause of infertility in females.

Dysmenorrhoea is painful passage of menstrual flow and is of utmost importance when accompanied with menorrhagia and sacro – coccygeal pains as it may be indicative of Adenomyosis –defined as abnormal distribution of histologically benign endometrial tissue within the myometrium alongwith myometrial hypertrophy.¹ When endometrial glands and stroma are found at extra uterine sites it is termed as **endometriosis** and this too is characterized by severe dysmenorrhoea, along with intrapelvic bleeding, pelvic pain, dyspareunia and infertility.

Dyspareunia refers to painful sexual intercourse, mostly complained by females. The cause of pain can be psychological or physical and in the latter case when the pain is at entry level it may be due to vaginal dryness, injury or yeast infection, urinary tract infection, sexually transmitted infections etc. In cases of pain experienced deeper and is more severe at particular positions, there can be an involvement of a medical condition of the uterus, fallopian tubes, ovaries, urinary bladder or rectum. Some of these causes are cystitis, endometriosis, fibroids, ovarian cysts, pelvic inflammatory disease, uterine prolapse etc.

Clinical examination is extremely critical in uterine complaints. General and Pelvic examination give a clue of infection or structural abnormalities which can be verified with sonography and laboratory investigations. Signs to look out for in general examination are pallor, icterus, cyanosis, volume and rate of pulse, lymphadenopathy and oedema.

UTERINE COMPLAINTS

Palpation and percussion of abdomen gives an idea of free gas, fluid accumulation or a space occupying lesion in the abdominal cavity. In case of suspicion a pelvic ultrasound, trans vaginal ultrasound, hysteroscopy, hysterosalpingogram, sonohysterography, MRI, Pap smear, Endometrial biopsy or dilatation and curettage can be done to ascertain the treatment needed.

The above stated symptoms and associated uterine disorders are quite common among all strata of educated as well as uneducated females and their timely identification with prompt action prevents unwanted sufferings and grave outcomes.

REFERENCE:

1. Harsh Mohan Textbook of Pathology; sixth edition.

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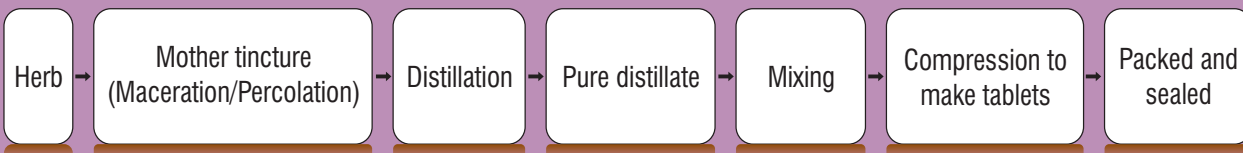


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CISTUS CANADENSIS

EXCLUSIVE
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Botanical name	: Helianthemum canadense mich
Family	: Cistaceae
Known as	: Ice-plant. Frost-weed
Part used	: Prepared from the fresh plant
Distribution	: Maine to Wisconsin and southward, in dry sandy soil, in Canada.

Clinical :

- This remedy is indicated in indurated conditions of the lymphatic glands and mercurio-syphilitic ulcers, with extreme sensitiveness to cold.¹
- It is of service in catarrhal conditions of the throat, where the throat feels cold, and it becomes sore from inhaling the least cold air.¹

Indications:

- ✦ This agent produces catarrh of the mucous membranes and induration of the glandular system.¹
- ✦ It is of service in catarrhal conditions of the throat, where the throat feels cold, and it becomes sore from inhaling the least cold air.¹
- ✦ All the cases are extremely sensitive to cold.⁴ A curious Cistus symptom, which has led to the cure of chronic colds and nasal catarrh, is great desire for cheese.⁸
- ✦ An important remedy in sinus conditions.⁹
- ✦ Malignant disease of the glands of the neck.⁵
- ✦ Recommended by Dr. Hering chiefly for Induration and Ulceration of Glands.⁶
- ✦ Cistus is not often called for in rheumatic conditions, and will be found of use only when associated with scrofulous troubles.³ Has cured white swelling of the knee.²

Prescribed dose : First to thirtieth attenuation. Locally as a wash to arrest fetid discharges.⁷

References:

1. BLACKWOOD A.L., A Manual of Materia Medica Therapeutics and Pharmacology
2. BELL J.B., The Homoeopathic Therapeutics of Diarrhoea
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6. BUCK H., Outlines of Materia Medica
7. VARMA P.N & INDU V., Encyclopedia of Homoeopathic Pharmacopoeia
8. TYLER M.L., Pointer to the common remedies
9. MORRISON R., Burg Haamstede, sept 1988

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UTERUS

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- Tendency to prolapse
- Painful periods
- Debility attending menopause



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the Uterus



Composition :

Aletris farinosa	Ø	0.5%
Janosia ashoka	Ø	0.5%
Helonias dioica	Ø	0.5%
Thlaspi bursa pastoris	Ø	0.5%
In flavoured sugar syrup base		q.s.

Dosage: 2 teaspoons, 2-3 times a day, or as prescribed by the physician.



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Therapeutics For Uterine Disorders**1. Erigeron canadense**

- Haemorrhage from the uterus, with painful micturition. Profuse bright-red blood. Pain in left ovary and hip.¹
- Menorrhagia; profuse leucorrhoea; bloody lochia returns after least motion, comes in gushes; pregnant women with "weak uterus;" a bloody discharge on slight exertion¹
- Dose :Tincture, to third potency.¹

2. Senecio aureus

- Its action on the female organism has been clinically verified.¹
- Menses retarded, suppressed.¹
- Functional amenorrhoea of young girls with backache.¹
- Menses, retarded, suppressed with concomitant symptoms, dropsy, cough, backache. Anemic dysmenorrhea with urinary disturbances.²
- Dose: Tincture, to third potency.¹

3. Gossypium

- This agent is indicated in delayed menstruation, with backache and dragging pains in the uterine region.¹
- Homoeopathically, it corresponds to many reflex conditions, depending on disturbed uterine function and pregnancy.¹
- Intermittent pain in ovaries. Uterine sub-involution and fibroids, with gastric pain and debility¹
- Dose - Tincture, to sixth attenuation.¹

4. Murex

- For the sufferings during climacteric; Sore pain in uterus; a distinct sensation of a womb.³
- Bearing down sensation, as if internal organs would be pushed out, must sit down and cross limbs to >> pressure³
- Menses: irregular, early, profuse, protracted, large clots. Leucorrhoea: < mental depression, happier when leucorrhoea is worse.³
- Dose : Third to thirtieth potency.¹

5. Lilium tigrinum

- This remedy is indicated in nervous hysterical women when the uterus and ovaries are engorged with blood; there may be a uterine displacement and subinvolution.⁴
- Important remedy in uterine, ovarian and mammary neuralgia; especially if there is uterine displacement, chronic metritis with acid leucorrhoea that excoriates the vagina.⁴
- Bearing down sensation with urgent desire for stool, as though all organs would escape. Menses early, scanty, dark, clotted, offensive; flow only when moving about.¹
- Dose :The middle and higher potencies seem to have done best.¹

HOMOEOPATHIC APPROACH

6. Sabina

- In cases of menorrhagia at the climacteric period in women who earlier in life aborted, whose menses appeared early, and who suffer from metritis.⁴
- Pain from sacrum to the pubis. Haemorrhages, where blood is fluid and clots together.¹ Promotes expulsion of moles from uterus.¹
- Inflammation of ovaries and uterus after abortion.¹
- Dose: third to thirtieth potency¹

7. Thlaspi bursa pestoris

- Hemorrhage from uterine fibroid with aching in back or general bruised soreness.²
- Uterine bleeding with violent uterine colic. Leucorrhea before and after menses, bloody, dark offensive, Stains indelibly. sore pain in womb on rising.²
- Uterine fibroids with cramps and expulsion of clots.²
- Dose : Tincture, to sixth potency¹

8. Trillium pendulum

- A general haemorrhagic medicine, with great faintness and dizziness.¹ Uterine haemorrhages, with sensation as though hips and back were falling to pieces; better tight bandages.¹
- Menses : profuse, every two weeks, lasting a week or longer.³
- Menorrhagia : flow, profuse, gushing, bright red; at least movement (Sab.); from displaced uterus; at the climacteric.³
- Dose : Tincture and lower potencies.¹

9. Viscum album

- Metrorrhagia. Ovaralgia, especially left.¹
- Chronic endometritis. Climacteric complaints.¹
- Haemorrhage, with pain; blood partly clots and bright red.¹
- Dose : Tincture and lower potencies.¹

10. Viburnum opulus

- Colicky pains in pelvic organs. Superconscious of internal sexual organs.¹
- Spasmodic and membranous dysmenorrhoea. Ovarian region feels heavy and congested.¹
- Menses too late, scanty, lasting a few hours, offensive in odor, with crampy pains, cramps extend down thighs.¹
- Dose : Tincture and lower potencies.⁵

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2. MURPHY R., Homoeopathic Remedy Guide
3. ALLEN H.C., Keynotes and Characteristics with Comparison
4. BLACKWOOD A.L., A Manual of Materia Medica Therapeutics and Pharmacology
5. VARMA P.N. and INDU V., Encyclopaedia of Homoeopathic Pharmacopoeia

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Gelsemium sempervirens	3x	10%v/v
Conium maculatum	4x	10%v/v
Excipients		q.s.
Alcohol content		36% v/v

Dosage: 10-15 drops should be diluted with water and taken 3 times a day before meals or as prescribed by the physician.



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HOMOEOPATHIC APPROACH

VERTIGO-LOSS OF EQUILIBRIOCEPTION

Episodes of lost or altered consciousness are a frequent symptom in primary care and in hospital practice. People experience episodes of blacking out, going dizzy, having a funny turn or other variants of equilibrioceptive (pertaining to sense of balance) disturbances.

As a physician, the primary aim in such cases should be to understand what the patient means by the terms he uses for such weird sensations. Being totally subjective entities at times it becomes difficult to clinically evaluate these symptoms. One has to understand what is meant by black out, dizziness, light headedness in reference and correlation with other physical complaints of the patient. Eg. "Black out" is used to describe an episode of lost consciousness with or without falling down, some people use this term to refer to transient episodes of amnesia or memory loss. Dizziness usually refers to an abnormal perception of movement of environment (vertigo). Hence a careful history of the patient should be taken accompanied with the details given by the witness to make out whether the patient suffered an episode of loss of consciousness, altered consciousness, vertigo, transient amnesia or something else.¹

Vertigo is caused by an alteration in function of the peripheral vestibular organs or the central control mechanism of balance and posture.¹ Normally equilibrioception is a synchronized output of the cumulative information about a person's position in the environment, reaching the brain from the eyes, the limb proprioceptive system and the vestibular system. When there happens to be any mismatch in the information received by the brain through any of these pathways, it results in the abnormal sensation of vertigo, dizziness, light headedness or blackouts. These anomalies often result from labyrinthine disorders like labyrinthitis (vestibular neuronitis), benign paroxysmal positional vertigo, meniere's disease etc. Vertigo can also have central causes such as the affections of the vestibular nucleus in the brain stem or its connections. Central causes can be distinguished from peripheral causes by the persistence of vertigo and its association with other cerebellar signs. Infrequently, a partial seizure in the temporal lobe can also manifest as vertigo.

According to an article "Diagnosis and management of Vertigo" by GM Halmagyi published in Clinical Medicine 2005, "A single attack of acute, isolated spontaneous vertigo lasting a day or more is due either to vestibular neuritis or cerebellar infarction; distinguishing between the two requires mastery of the head impulse test. Recurrent vertigo is mostly due to benign paroxysmal positioning vertigo (BPPV), Menière's disease or migraine. With a good history, a positional test, an audiogram and a caloric test, it is usually possible to distinguish between these."² This article advocates the following guidelines in the diagnosis and management of repeated attacks of isolated vertigo:

- A positional test should be done
- Particle positioning manoeuvre technique to be learnt and applied
- Advise for an audiogram
- Try migraine treatment
- Vestibulobasillar insufficiency to be ruled out lastly

HOMOEOPATHIC APPROACH

In first ever presentations of acute spontaneous vertigo a head impulse test should be conducted and cerebellar infarction should be ruled out.

In patients who are off balance gentamycin vestibulotoxicity, hydrocephalus, posterior fossa tumour, orthostatic tumour and a pathology of spinal chord or peripheral nerves should be looked out for.²

Homoeopathy can offer help in certain cases of vertigo where the disease is on initial stage or limited to functional disturbances only. Such cases can benefit from a horde of really effective homoeopathic remedies affecting the nervous and labyrinthine system of the body like Conium maculatum, Bryonia alba, Pulsatilla, Argentum nitricum, Gelsimium etc.

Omeo Vertigone drops are an effective alternate in over the counter remedies available for treating vertigo. These drops are safe and effective and if taken under the guidance of a homoeopathic physician can help in total elimination of the disorder.

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Compiled by
Dr. Vasundhara
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