

# Primary Healthcare, Nursing and Neonatal Screening

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# Women's Health, Obstetrics and Female Reproductive System

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## Dysfunctional uterine bleeding in a premenopausal female

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**Statement of the Problem:** Menopause, the term in itself brings many thoughts in a female's life. Especially if, it is related to the excessive hemorrhage during menstrual periods. Dysfunctional uterine bleeding (DUB) is a variety of manifestations of the anovulatory cycle (in the absence of pathology or medical illness).

- (a) DUB in menarche i.e. puberty menorrhagia
- (b) DUB in middle age female as metropathia hemorrhagic
- (c) DUB in premenopausal female i.e. heavy bleeding in a woman approaching menopause.

Of these, the third point affects women the most as they are in troubles related to menopause itself.

**Cause:** As approaching menopause time ovaries start devoid of mature follicles. So, FSH start increasing as a result initially proliferative endometrium grows up to 5-6 mm size which is very fragile, only estrogenic primed endometrium. So, as soon as estrogen level decreases, tissues undergo spontaneous breakage and bleeding as one site heals another, yet another new site of breakdown will appear. Endometrial control mechanism is missing. So, excess blood loss is due to disorderly, abrupt, random breakage of tissue- with opening of multiple vascular channels. (a) No vasoconstriction (b) No tight coiling of spiral vessel (c) No collapse to induce stasis. As a result, a most common treatment program for such cases is: (i) Hormones OCP (ii) Estrogen therapy (iii) Maintenance of hemoglobin (iv) Use of antiprostaglandins (v) GnRH (gonadotropin-releasing hormone) agonists (vi) Ablation of the endometrium (vii) Surgical removal of uterus i.e. hysterectomy

An agent from this entire homeopathy -an alternative science is a better choice where without hormonal side effects bleeding and the cycle can be controlled satisfactorily. Few things to take care like: (a) Proper case taking (b) Selection of similimum (c) Selection of good potency (d) Selection of intercurrent remedy (e) Selection of mother tinctures for acute conditions (f) Re-case taking- taking miasm behind into consideration (g) Give mental symptoms top priority (h) Reassurance to patient (i) Spending some extra time with patient alone then with husband and children counseling them (j) See the response of cases. So, managing DUB in the premenopausal female is time taking with best results.

## Biography

Babita Saxena is currently professor in gynec and obstetrics department at Government homeopathic medical college and hospital in Bhopal since last 15 years. During her journey of practicing, she had encountered and treated many cases of DUB successfully of which approximately 15% need surgical intervention. Presently she is working for autistic children and a common pubertal problem i.e. polycystic ovarian disease. They have specific geriatric unit in which they manage menopausal complaints of females through proper counseling and medication. She is fond of reading, writing, and cooking she also likes to join job as freelancer in other countries. She has completed her Post Graduation from Mumbai University in Materia Medica.

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