

# Clinical Trial of Homoeopathy to Manage Secondary Amenorrhoea

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**Abstract:** Amenorrhoea is the absence of menstrual bleeding. Secondary amenorrhoea is absence of menses in a normally menstruating woman for three cycles or six months or more. In female of reproductive age, diagnosing Secondary amenorrhoea is a matter of first determining whether pregnancy is the etiology. In the absence of pregnancy, the challenge is to determine the exact etiology of Secondary amenorrhoea. The objective of the study is to determine, the role of Homoeopathy in managing cases of Secondary amenorrhoea by individualizing every case through proper Case taking and prescribe medicine on the basis of symptom - similarity. Result: Out of 50 patients, 74% (37 cases) showed marked/moderate improvement. Only a small proportion of case i. e., 26% (13 cases) showed mild/no improvement after prescribing Homoeopathic medicine. Affectability of Homoeopathy in managing cases of Secondary amenorrhoea is found statistically significant using Paired T - test at confidence level 95%. Conclusion: This study has shown the efficacy of Homoeopathy in managing cases of Secondary amenorrhoea and has a statistically significant impact on the improvement of patient's complaints.

**Keywords:** Secondary amenorrhoea, Homoeopathic management, Individualization

## 1. Introduction

Disturbances of the menstrual cycle are common issues for women of reproductive age. Primary amenorrhoea is quite rare, secondary amenorrhoea is frequent in women of reproductive age. To facilitate prompt and accurate diagnostic workup, obtaining as thorough history and performing detailed physical examination is essential.

While secondary amenorrhea, absent menstrual periods in previously menstruating women, was previously seen primarily in elite female athletes and in patients with clinical eating disorders, it has now become a public health issue.

### 1.1 Epidemiology

Secondary amenorrhoea, not including pregnancy or other normal physiologic causes, affects an estimated 3% to 4% of women from the general population.

### 1.2 Causes

#### 1) Endocrinal

- Hypothalamic - environment, anxiety, tension, pseudocyesis, head injury.
- Pituitary - cushing syndrome, acromegaly. Sheehan's disease Hyperprolactinaemia.
- Ovary - PCOs Premature menopause, ovarian tumour (Arrhenoblastoma)
- Thyroid diseases - Hypothyroidism, Hyperthyroidism.
- Adrenal - Cushing's syndrome. Hyperplasia, neoplasia.
- Pancreas - maturity onset diabetes mellitus.

#### 2) Nutrition

Gross undernutrition, severe anaemia.

#### 3) Drugs & Diseases

Drugs - Progesterone, testosterone GnRh analogue, antipsychotic, antiepileptic.

Systemic diseases, tuberculosis, mental diseases, other serious illness.

#### 4) Uterovaginal

Pregnancy, Endometrial tuberculosis, hysterectomy.


Asherman's syndrome, acquired cervical & vaginal stenosis.

### 1.3 Diagnosis & Investigation

When seeking to diagnose a women with secondary amenorrhoea, special attention should be paid to the women's lifestyle with regards to exercise & eating habits and practitioners must not fail to inquire about psychological stressor.

The following blood test should be done in a stress - free morning in early follicle phase:

- Hormones tested: Serum Follicle Stimulating Hormone (FSH), Luteinizing Hormone (LH), Estradiol (E<sub>2</sub>), Progesterone, Prolactin, Testosterone, Thyroid Stimulating Hormone (TSH).



| Hormones     | Normal levels          |
|--------------|------------------------|
| FSH          | 3-9 mIU/ml             |
| LH           | 2-10 mIU/ml            |
| TSH          | 0,2-4,7 mIU/ml         |
| Estradiol    | 27-161 pg/ml           |
| Progesterone | 5-20 ng/ml (on day 21) |
| Prolactin    | 0-20 ng/ml             |

Figure 1: Normal Hormone levels in women

At the same time, the sonographic image of the ovaries & the endometrium is relevant.

This study has been a sincere effort to explore the role of Homoeopathy in managing cases of Secondary amenorrhoea by studying fifty cases undertaken for a period of 18 months (2021 - 2022).

## 2. Materials & Methods

The study has been conducted on the patients of OPD of Sri Guru Nanak Dev Homoeopathic College & Hospital.

### Inclusion Criteria:

- 15 to 40 years of age females.
- Patients complying regular follow - up.
- Justified cases with in the tenure of 18 months.
- Written inform consent from the patient.

### Exclusion Criteria:

- Patient who had pre - diagnosed advanced pathological disease.
- Pregnancy, breast feeding.
- History of Oral Contraceptive Pills use.

### 2.1 Research Technique

The study was randomized exploratory study undertaken upon 50 patients at OPD of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, Ludhiana, Punjab. Following screening using inclusion criteria and exclusion criteria, eligible patients were recruited into the study. A proper case taking, and individualization of each case has been done. Evaluation of symptoms has been done according to Dr. Kent's method. Appropriate homoeopathic medicine was selected upon the symptom similarity. The cause was analyzed (through investigations) in every case. A specially designed spreadsheet (master chart) has been used for data extraction and inference was subjected to statistical analysis. Paired T - test was performed to show the efficacy in post treatment results.

## 3. Result

Findings of study based on their cause (as per investigations) among 50 cases. It was found that PCOS was the most common cause for Secondary amenorrhoea with 38% proportion followed by POF, Hypothalamic causes,

Hyperprolactinemia & systemic causes with 22%, 20%, 16% & 4% proportion respectively. (Figure 2)

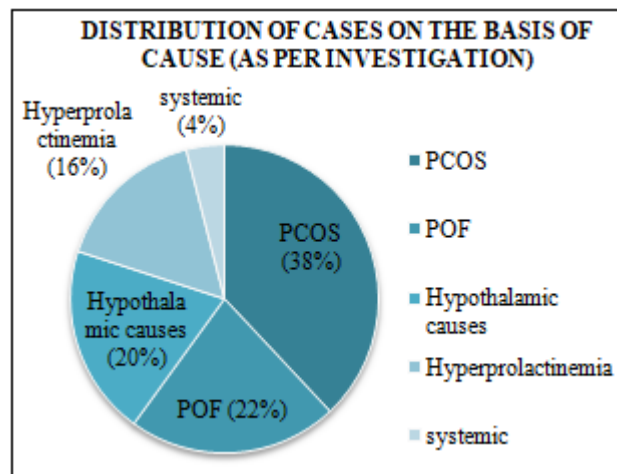


Figure 2: Graphical representation in the form of pie - chart for distribution of cases according to cause (as per investigation)

Incidence of cases as per age group was divided into 3 broad groups i. e age between (15 - 24), (25 - 34) & (35 - 40). It was found that most of the patients involved in the study belong to age group of youths i. e (15 - 24) which was 42%, followed by the age group of adults between (25 - 34) & (35 - 40) which was 36% & 22% respectively. (Figure 3)

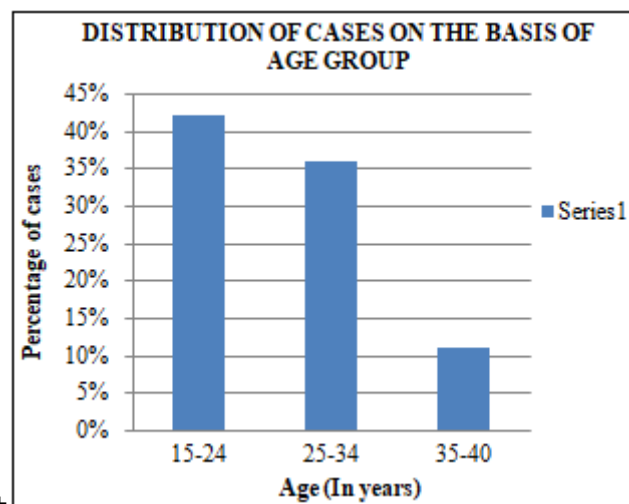


Figure 3: Graphical representation in the form of clustered column for distribution of cases according to age group incidence

Statistical study was conducted to observe the role of Homoeopathy in managing cases of Secondary amenorrhoea on the basis of improvement in each case after prescribing the most similar individualized medicine to the case. It was

observed that maximum number of cases i.e., 74% (37 cases) showed marked/moderate improvement. Only a small proportion of case i.e., 26% (13 cases) showed mild/no improvement. (Figure 4)

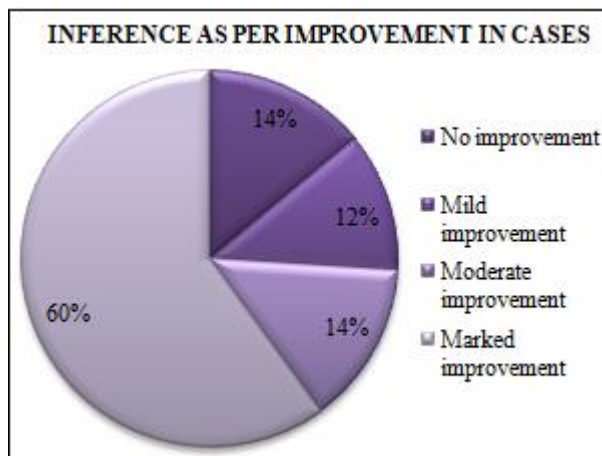


Figure 4: Graphical representation in the form of pie chart for distribution of cases on the basis of their improvement.

Statistical analysis is performed with the help of paired T - test to study the role of Homoeopathy in managing cases of Secondary amenorrhoea using number of symptoms present before and after treatment.

showed that the value of critical t (13.59) is greater than the tabulated value in t - table at df=49 at confidence level 95% at 0.05 i. e., 2.0096, which is statistically significant. Hence, the p value for the null hypothesis will be less than 0.05 and so we can reject it. Thus, the null hypothesis (H<sub>0</sub>) is being rejected and the alternate hypothesis (H<sub>1</sub>) that is ' Homoeopathy plays effectible role in managing cases of Secondary amenorrhoea' is being accepted. (Figure 5)

Paired t - test was conducted to access the role of Homoeopathy in cases of Secondary amenorrhoea. Null Hypothesis (H<sub>0</sub>) was stated as 'Homoeopathy is not effective in managing cases of Secondary amenorrhoea'. The result

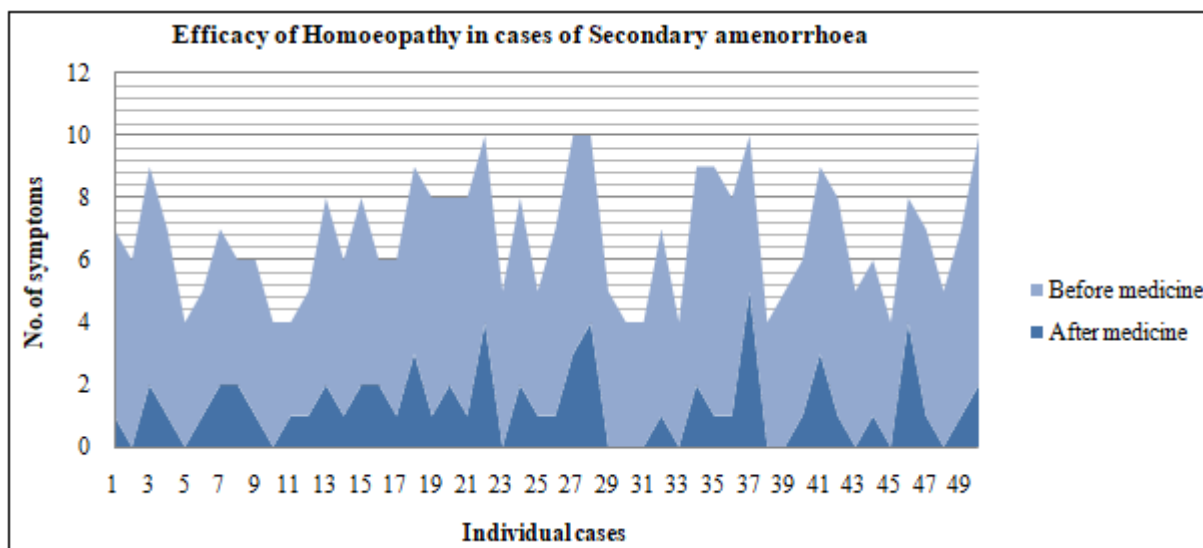


Figure 5: Graphical representation in the form of area chart to elucidate role of Homoeopathy in cases of Secondary amenorrhoea

#### 4. Discussion

After analyzing, it is evident from the study that PCOS is the most common cause of Secondary amenorrhoea followed by premature ovarian failure, hypothalamic causes resulting in functional hypothalamic amenorrhoea, hyperprolactinemia and systemic causes. It was found that young girls (15 - 24 years of age) are mostly suffering from Secondary amenorrhoea followed by adults i.e., (25 - 40 years of age). Out of 50 random cases of Secondary amenorrhoea 37 cases

showed marked /moderate improvement after prescribing Homoeopathic medicine on the basis of individualization and symptom - similarity. Only 13 cases showed mild/no improvement.

#### 5. Conclusion

Affectability of Homoeopathy in managing cases of Secondary amenorrhoea is found statistically significant using Paired t - test at confidence level 95% and the null

hypothesis ( $H_0$ ) is being rejected and the alternate hypothesis ( $H_1$ ) that Homoeopathy is able to manage cases of Secondary amenorrhoea is being accepted. This study has shown the efficacy of Homoeopathy in managing cases of Secondary amenorrhoea and has a statistically significant impact on the improvement of patient's complaints.

### Conflict of Interest

The author has no conflict of interest to declare.

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