

Hormone Regulation With Homoeopathy

CASE 1:

Mrs J L, aged 33 years first seen in July 1998. Patient lives in USA and comes to Bombay every year on vacation. H/o of 2 surgeries for fibroid – first surgery – child and a fibroid removed with “C” section in 1992. In 1997 consulted her Gynaecologist for weak and faint feeling during menses. Operated in November 1997 – 39 fibroids removed. Histopath report Uterine Leiomyomata. Her gynacc had warned her of a 50% recurrence within 2 years.

Patient was 68 Kgs – 5'7” in 1990. After son's birth, she rapidly gained weight. Patient was 100 kgs in July 1998. When I first saw her: she was cheerful, very sweaty, always wiping her face due to profuse sweating, thyroid function WNL.

Markedly CHILLY, lethargic, easily adaptable, good natured. Also has backache and Leucorrhoea – yellow – with pruritis vulvae.

Patient consulted me mainly to prevent a recurrence of her fibroids. Her menses were regular and normal 4 days flow, every 30 days. She received *Calc-carb* 30 TDS for 1 week from 5th to 11th day of her cycle. This she continued for 2 years. No recurrence of fibroids. Last USG done in Sept 2000. Patient has not reported after that. No more treatment was continued. But her gynec had reassured her that since there has been no recurrence for 2 years, her fibroids would probably not surface any more. Most satisfactory result was the weight loss, which the patient could achieve. She is 74 kgs now and feels more fit, more active and energetic.

CONCLUSION:

Dosage and repetition are always a debatable issue and



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where one is trying to prevent/reduce size of fibroids and one can only ask for a USG once a year or so, then how to gauge the improvements? How to decide the repetition? This is quite arbitrary based, on experience I follow this regimen for such cases low-medium potency TDS for 1 week 5th to 11th day of the menstrual cycle, to help the hormonal regulation. Thus patient receives the remedy for a weeks time every month for 3 years, till better. USG can be done every year and progress can be noted. Main cause for anxiety for a Homoeopath is uncontrolled bleeding – especially if it is passive and heavy, we can't wait too long. It is advisable to do periodic Hb levels and advice iron-folic acid rich diet and supplements as and when. In some cases severe of menorrhagia, hysterectomy may become unavoidable.

CASE 2

Mrs G D aged 48 years, came to see me on 21-3-98 for recurrent cough, menorrhagia due to a single fibroid in her uterus. She was also hypertensive, on anti-hypertensive medication for it. Patient had fatigue, faint feeling occasionally with Hb 9 gms% pallor, joint pains < on waking > after a while.

She makes bridal flowers. They are tiny flowers handmade worn by Catholic brides, very delicate, pain taking and time consuming work. She enjoys working with her hands- a *KALI* trait. She is very anxious. Her family consists of 2 children-a son 18 years age – (anxious as he rides a bike) and a daughter 22 years age - dating a guy currently. Mother is anxious about the daughter whether he is the right man for her.

Husband has a traveling job and so she worries if he doesn't call up regularly. She is a affectionate and loving person. Must keep busy. Loves sweets. Has hot flashes for the last year or so it is a very hot pt – thermal. LMP 4-3-98 – bleeding persistent till I saw her on 21-3-98 – was heavy for first 5 days but now still

persistent though not as heavy.

Kali-iod 1M single dose given and *Five phos* 6X prescribed TDS for 6 months for pallor and anaemia. Flow stopped within 3 days. Only *Five-phos* 6x continued for 1 year. *Kali-iod* 1M, 3-4 doses given infrequently. * *Medor* 1M 1 dose given on 27 April '98*. Menses were scanty and infrequent. Menopause – Pt last visited in April 2000. LMP May '1999 USG in April '2000 showed calcified fibroid – considerably smaller in size.

To clarify: pt did not have a very large fibroid and was told by her gynaec that she did not require any surgery, but her bleeding had to be controlled, as she was already anaemic.

The homoeopathic treatment took care of menopausal mental state and of her anaemia and exhaustion.

CASE 3

Mrs R S, first came on 2nd Aug '97, for severe PMS (Premenstrual Syndrome). Patient was 43 years old, with severe weight gain (about 2-3 kgs) before menses. All S/S 10 days before menses with relief 2 days after onset of menses. Also had right sided sciatica and pain in both lower limbs. This may be due to her job as an airhostess, which required standing for long hours. She also has severe sharp shooting pains in both heels.

MP: a 26 day cycle with scanty 3 day flow. Thirst less. Irritable, headaches frequent. < sun < hunger < fasting Chilly3 patient, must cover feet.

LMP 27 July '97.

MENTAL STATE: A confident, good looking woman with good grooming and taste. She had married out of her religion against parent's wishes, a most unsuitable person. Unresolving conflicts arose within 2 years of marriage and she divorced the guy. Is very withdrawn and brooding, though puts up a reserved and dignified front. No children. Lives alone – likes reading. She received a single dose of *Nat-mur* 1000 on 2nd Aug 1997. Also *Bach flower* remedy *Walnut* twice daily for a month. PMS much reduced. LMP 21 Aug 1997. Repeated *Nat-mur* 1 M on 25th Aug 1997 and 1 more month of *Walnut* twice daily. No PMS at all. Patient also lost 3 kg weight felt much better: No irritability, no headaches. Again repeated above medicine for a month – after which no treatment. Patient is doing fine. I generally give at least 3 months treatment. In PMS 3 normal PMS-free cycles and we can stop the treatment. Also the constitutional medicine works best if given on 5th day of menstrual cycle. *Walnut* being “a link breaker” helps a woman to adapt more easily to the hormonal changes in her body and soothes her. PMS is taken care of simultaneously. □

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