#### Case

18 year old female

# Anemia, menorrhagia, metrorrhagia

# First visit – April and May 2010

S is a young woman with a two year history of anemia from heavy menses and metrorrhagia that started soon after a move with her family in the late spring of 2009. The move caused her some stress and sadness from leaving behind friends, though she understands the need to move because her father became the new minister of a parish in another state. In July of 2009, she was admitted to the hospital because she was pale, dizzy and fainting from heavy bleeding. Testing showed that she was severely anemic, requiring two units of blood. Iron pills (325 mg/3x/day from Sept. 2009 to July 2010) were prescribed for her low iron level, that later caused constipation. She continued to have heavy, irregular menses with bleeding between menses and birth control pill was prescribed (Cryselle). Her menses became painful with abdominal cramping and backache after starting on birth control.

S is a slender young woman with a quiet and reserved demeanor in the interview with her mother. She is polite, well-mannered and speaks in a quiet voice with some nervousness. In a later interview without her mother, she answers all my questions but is reluctant to say much about her life or family, though is able to answer the 'head to toe' questions. Her father is the minister of a Christian church in which S is very active. She volunteers in the church youth group, choir, and school. She gives music and fiddle/violin lessons at the church school. Fashion design, music and art are what she likes best. As a young teen she was very active in competitive sports - track and field, pole vaulting. She is the oldest of 6 children. The family has relocated numerous times due to her father's military and religious work. She has always been home-schooled by her mother, as are all her siblings. Her mother says she has lots of friends and is self-confident at home. They are a very tight knit family and have a large extended family in the area they live as well.

- Fear of snakes
- Sensitive to noise, to singing in church choir= headache at temples, pressing, aching pain
- Quiet disposition
- Artistic- draws, fashion design, tailors clothes
- Music-plays fiddle
- · Dislikes doctors and uncomfortable with questions asked
- · Dislikes heights
- Moaned in sleep as child

Sadness from moving in summer of 2009, age 17, with family- missed church youth group. Became anemic from heavy menses and metrorrhagia-hospitalization and blood transfusion, 2 units

Anemia- low iron and RBC, chronic, for past 2 yrs from menses and metrorrhagia Menses, protracted - 7 days, heavier on 3<sup>rd</sup> day, occasional clots red. Onset age 13 or 14.

H/o- bleeds between menses, spotting

Iron pills for anemia

Birth control for irregular, heavy menses and metrorrhagia

Painful menses with backache, cramps in abdomen, since starting birth control pill- none prior to pill

Aversion to fat (meat, pork, bacon) shellfish

Desires chocolate, daily

Nausea riding in a car all her life

Takes 1 hour to fall asleep at times, sleeps all night

Recurring dream as child of farmyard scene with a horse that she describes as like a photo or painting

Sleepy and lazy on rainy days

Prefers warm weather, not extremes, chilly in general

Worse in winter likes spring and summer best

Back pain with menses while on birth control; none before pill

Grinds teeth in sleep

Headaches at temples, forehead-pain, aching, constricting, pressing from noise, church choir Acne on both cheeks becomes < around menses

#### Overview of Case:

Mentals	Generals	Particulars
<ul> <li>Fear snakes, heights</li> <li>Sensitive to noise</li> <li>Artistic/musical</li> <li>Moaned in sleep as child</li> <li>Sadness/grief</li> </ul>	<ul> <li>Anemia</li> <li>Menorrhagia</li> <li>Metrorrhagia</li> <li>Menses protracted</li> <li>Painful menses</li> <li>&lt; menses</li> <li>Aversion fat/fish</li> <li>Desire chocolate</li> <li>Car sickness</li> <li>Difficulty falling asleep</li> <li>&lt; rain</li> <li>&lt; winter</li> <li>Chilly</li> </ul>	<ul> <li>Back pain</li> <li>Grinds teeth in sleep</li> <li>Headaches at temples, forehead-pain, aching, constricting, pressing</li> <li>Acne - cheeks, red pimples, chronic</li> <li>Acne <menses< li=""> </menses<></li></ul>

### Rubrics\*

Mind, Grief, ailments from, agg. (845) Stomach, Nausea (845) Female, Menses, protracted, prolonged (240) Female, Menses, suppressed (358) Blood, Anemia (285)

Back, Pain, menses, during (165) Generals, Heat, vital, lack of (284)

Generals, Food and drinks, fat and rich food, aversion (89)

Generals, Riding on cars or wagons, during (186)

## Comments:

Because the problems with menses began shortly after the family move to a different state, this seems to be the cause of hemorrhaging, with S saying she experienced feelings of sadness and loss at this time. The rubric 'ailments from grief, loss' is chosen to represent this etiology. The rubric 'suppressed menses' is chosen because her menses became painful with cramping and backache after starting on birth control - prior to this she never experienced any pain. We don't

<sup>\*</sup>Software-Complete Dynamics

know when the anemia actually started - it could have been an issue long before she required hospitalization. Her anemia could be the result of gradual blood loss from menses over time exacerbated by the hemorrhaging episode in the summer requiring the blood transfusions.

## **Facial Analysis**

Yellow 1	Red 7	Blue 4
• Smile	<ul> <li>Hairline shape</li> <li>Hairline shape</li> <li>Lips size</li> <li>Nose end shape</li> <li>Chin end shape</li> <li>Nose width</li> <li>Teeth top row</li> </ul>	<ul> <li>Forehead shape</li> <li>Bridge indented</li> <li>Asymmetry – eyes, nose</li> <li>Teeth bottom row</li> </ul>

The facial features show that this patient is dominant red (sycosis) and requires a remedy that is dominant in red (sycotic) energy.

Miasm: Red remedies are in bold

**Remedies:** The following remedies are in all rubrics:

**Sep** 34/9 puls 33/9 sulph 32/9 ars 31/9 bell 31/9 calc 31/9 nux-v 31/9 phos 31/9 bry 30/9 kali-c 30/9 lyc 30/9 nit-ac 27/9 cycl 27/9 nat-c 24/9 **rhus-t** 24/9

Remedy and Dose: Sepia 30c daily dose

**Follow Ups:** 

# June- August 2010

Mom says she is fine by email or phone calls. Menses normal, no bleeding between menses. They have been traveling all summer and S will have blood work in July for anemia and iron level. Her doctor says she may stop birth control and iron in June or July if she continues to do well.

## **September 22, 2010**

She has had a normal period. No pain or backache with menses. She stopped taking the birth control pill and iron supplement in July. Off fiber supplements for constipation. Her ferritin and hemoglobin levels are in the normal range (July 2010 blood work), but RBC is still below normal though it has improved. Acne on face is much improved- 90% better. She reports that her face cleared up after only one week on the remedy. No nausea riding in car. No headaches. Sleep is good. No grinding teeth or moaning in sleep. Energy is good. Less chilly. No colds or flu in spite of exposure from family members. She and her mother are very happy with the results! Rx: Continue on Sepia 30c daily.

## October 22, 2010

She's doing well. Just a few small pimples on forehead. Acne was on forehead and jaw line, both sides. She had 1 cold, as did other family members, for only 3 days, and is clear now. Rx: Continue on Sepia 30c daily.

# November 17, 2010

In early November, she was a bridesmaid at her best friend's wedding. She designed and made all the gowns and suits for the wedding party. Her facial acne is worse for past 2 weeks. She is

feeling tired and chilly. No bleeding between menses or pain with menses. Rx: Continue on Sepia 30c, daily dose.

## **December 29, 2010**

She is spotting, dark color, in evening, after having her normal period 2 weeks ago. Mom says she has been overdoing it - daily sleepovers at friends, (not taking remedy every day), her job as music teacher and Christmas charity work. Mom says all this is much more activity and stress than she has been used to in past and insists on complete bed rest until spotting stops. Rx: Resume Sepia 30c, 2-3 times daily until bleeding stops, then reduce to a daily dose. Mom is instructed to try Arnica 30c if Sepia fails by morning and to go to ER if bleeding becomes worse, or if she thinks it is necessary now. Sepia works - spotting slows, then stops completely within 1-2 days.

# January 24, 2011

Her doctor at the cancer center dismissed her in January 2011 since her test results were all in the normal range. He requested she have a blood count done by her primary care doctor annually. She is doing well, no complaints. Planning on starting college for fashion design in the fall at a university in another state where she will be away from her family for the first time. Rx: Stop remedy and see how she feels. Resume Sepia if needed and keep in touch on progress.

Her blood work shows her iron (ferritin), hemoglobin, and red blood cell count as follows:

# Bloodwork: July 2009 - January 2010

July of 2009

Ferritin was 8 (**normal is 23-70**); hemoglobin was 10.9 (**normal is 12.0-17.0**); RBC was 4.05 (**normal is 4.50- 5.30**).

- November of 2009 (after homeopathic treatment)
   Ferritin was 14; hemoglobin was 12.9; RBC was 4.31 (Hemoglobin is normal)
- January of 2010

Ferritin was 18; hemoglobin was 12.2; RBC was 4.01. (Hemoglobin is normal)

July of 2010

Ferritin was 28; hemoglobin was 12.4; RBC was 4.12

(She has been on Sepia 30c since May 29, 2010. Ferritin and hemoglobin are normal, RBC is still below normal. Iron and birth control discontinued.)

January of 2011

Hemoglobin was 13.5; RBC was 4.32 (Hemoglobin and RBC are normal. Ferritin was not tested.)

\*Her doctor at the cancer center dismissed her in January 2011. Test results were all in the normal range and he requested her to have an annual blood count done by her primary care physician. S started Sepia 30c on May 29, 2010. Eight months later all blood work is normal.

# Ellen Kire – (final year student) USA

Ellen has been learning the HFA principles alongside her undergraduate homeopathic training. She attended the HFA online course with Grant Bentley in 2010 and the HFA

seminar in Philadelphia in 2010. Her intention is to use HFA as her prime homeopathic modality upon graduation. The above case was presented as part of her clinical studies in 2010.