

## RESEARCH PAPER

# Usefulness of Individualised Homoeopathic Medicine *Sepia officinalis* for Stress Urinary Incontinence in Parous Women of Reproductive Age Group

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## ABSTRACT:

**Background:** A transient increase in intraabdominal pressure as in coughing, laughing and sneezing leads to involuntary escape of urine especially in women after parturition, because of weakening of pelvic floor muscles. This is called as Stress Urinary Incontinence (SUI). Urinary leakage hampers the normal life of a female specially when she works outdoor. This case series is exploring the usefulness of homoeopathic medicine *Sepia officinalis* for cases of stress urinary incontinence in parous females of reproductive age group along with pelvic floor exercise (PFE). **Methodology:** The study subjects were parous females of reproductive age. The confirmation of the presence of stress urinary incontinence (SUI) was done through questionnaire for Urinary Incontinence Diagnosis (QUID). Symptoms were leakage of some or more amount of urine on physical activities which are responsible for increased intra-abdominal pressure like coughing, sneezing, laughing or lifting weight etc. A baseline one-hour pad weight test done (1-hour PWT). *Sepia officinalis* was the individualised homoeopathic medicine for all females included in this study along with initiation of a standard regime of pelvic floor exercise. The cases were followed up for a median period of six months. 1-hour PWT repeated after three and six months and compared for the improvements. Descriptive statistics was used for analysis.

**Results:** The baseline and post treatment readings of 1-hour PWT showed tremendous differences and the females became free from urinary leakage on physical activities. No side effects or adverse drug reactions encountered.

**Conclusion:** The individualised Homoeopathic medicine *Sepia officinalis* along with pelvic floor exercise produced promising outcomes in the treatment of cases of stress urinary incontinence in parous females of reproductive age group; further comparative and evidence- based studies can be taken using biofeedback and perineometer on larger sample size.

**Key words:** parous females, stress urinary incontinence, pelvic floor exercise, individualised homoeopathy, *sepia officinalis*

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## INTRODUCTION:

In parous females, stress urinary incontinence (SUI) is a frequently encountered clinical problem due to laxity of pelvic floor muscle. SUI is a symptom as it is narrated by the patient. A patient may say, "When I cough, I leak urine." Stress urinary incontinence is also a sign, urine

leakage from the urethral meatus with cough or Valsalva manoeuvre.<sup>1</sup>

Most researchers have found that any decline in continence usually begins with the first parturition. However, the severity of SUI generally increases with age, multiple births, hysterectomy, and weight gain.<sup>2</sup> As the severity of the incontinence worsens, less

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provocation is needed to cause leakage.<sup>3</sup> SUI caused by pelvic floor damage because of fascial defects, muscular weakness, or denervation. Pelvic floor muscle exercises (PFMEs) are often prescribed without diagnosis of the type or degree of pelvic floor damage.<sup>4</sup> A recent study showed that verbal instruction alone on Kegel exercises ("contract the muscles you would use if you were trying to stop your stream") resulted in appropriate contraction of the pelvic floor in only 60% of patients<sup>5</sup> after a long period.

The success of conservative treatment programs requires cooperative, well-motivated patients interested in their own continence.<sup>6</sup> Patient compliance is the strongest factor relating to the eventual success of conservative incontinence treatment programs and is more critical than the type or severity of incontinence treated.<sup>7</sup>

### Homoeopathy and Stress Urinary Incontinence:

According to Master Hahnemann, Stress urinary incontinence (SUI) in females is a one-sided disease having internal physical complaints, a type of chronic disease, because this displays one or two principal symptoms such as involuntary urination due to sneezing, coughing, laughing. These diseases are less amenable to cure due to dearth of symptoms [§ 173 & § 174]. Also the symptoms of SUI are often lesser accessory symptoms for which the patients become so used to and pay little or no heed, but they are very useful in determining the choice of the remedy [§ 95].<sup>8</sup> According to Harris Ruddock (1822-1875) incontinence is not a disease per se, but a symptom dependent upon various causes and may consist of partial or entire loss of power to retain in the bladder.<sup>9</sup>

### Clinical totality of *Sepia officinalis*<sup>10</sup> in Stress Urinary Incontinence:

*Sepia* affects the venous circulation of the female pelvic organs, leading to weakness and bearing down sensation in women. Females who are dragged down by overwork, loss of vital fluids and excess of sexual indulgence, subjected to prolapsus and uterine troubles, leading to involuntary urination worse on coughing, sneezing, laughing, hearing sudden noise, fright or inattention. There is a constant sense of bearing down into vagina, which compels the patient to cross the limbs to prevent prolapse. Females of irritable nature are commonly affected who have aversion to family and to those loved best. Females have loss of sex drive, love to dance and cries when telling the symptoms.

### METHODOLOGY:

This case series includes five cases reporting to out-patient department of hospital attached with Dr. M.P.K. Homoeopathic Medical College, Hospital & Research Centre, Jaipur (a constituent college of Homoeopathy University). The cases were taken in this series after the patients' consent as the PhD work of author. Parous women of reproductive age group who have had pure stress urinary incontinence (screening through Questionnaire for Urinary Incontinence Diagnosis (QUID)<sup>11</sup> were included for this study. After proper case taking, signs and symptoms of the patients were analyzed and evaluated according to principles of Organon of medicine. The analyzed symptoms were repertorised.<sup>12</sup> *Sepia Officinalis* was found to be similimum according to individualization of the patient as per the repertorial result, after consultation with the Materia Medica.<sup>10</sup> Every patient was advised to follow the standard regime of pelvic floor exercise (PFE).<sup>6</sup> Base line and post treatment assessment were done through 1-hr PWT.<sup>13</sup> (table 1)

Cases presentation (table 1):

Case no.	Age	Chief complaints	Patient as a person	Obstetrical history	Repertorial score for <i>Sepia</i>
1	38	Leucorrhoea which is offensive for 2 years with itching genitalia and dull pain in lower abdomen < before menses > after menses; involuntary urination while coughing and laughing for 2 years	Violent anger; desire for company; weeping disposition; craving for salty things	Gravida-4 Parity-2 Abortion-2 Live births- 2 Mode of delivery- vaginal Last delivery-5 years	20/9 (Fig. 1)
2	28	Lumbosacral backache with history of bleeding hemorrhoids for 2 years, back pain < morning first motion; cracks in palms; involuntary urination	Creative nature, fond of making painting; fear of being alone; sour things disagree menstrual blood dark colored; bearing down	Gravida-1 Parity-1 Abortion-0 Live births- 1 Mode of delivery- vaginal Last delivery-2 years	17/7 (Fig. 2)

Usefulness of Individualised Homoeopathic Medicine *Sepia officinalis* for Stress Urinary Incontinence in Parous Women of Reproductive Age Group

		while coughing and laughing for 2 years	sensation		
3	32	General debility with a history of severe vomiting and diarrhea (food poisoning) in the last one year; no desire to do normal household works; involuntary urination while coughing and laughing for 1 year	Irritable nature; sadness with no desire to do household works; craving for salty foods though fatty food disagrees; leucorrhea in midmenstrual cycle	Gravida-2 Parity-2 Abortion-0 Live births- 2 Mode of delivery- vaginal & cesarean Last delivery-4 years	26/10 (Fig. 3)
4	25	General weakness with body ache in morning for 2 years; anal fissures for 2 years with stitching pain while passage of stool; involuntary urination while coughing and laughing for 1 year	Desire for company; aversion to work; lazy nature; desire for salty foods; thermal reaction hot; constipation with hard stool	Gravida-2 Parity-2 Abortion-0 Live births- 2 Mode of delivery- vaginal Last delivery-2 years	22/10 (Fig. 4)
5	28	Thick leucorrhea which flows down the thighs for 4 years; pain in pelvicregion with bearing down sensation < during menses; involuntary urination while coughing and laughing for 2 years	Weeping disposition; suppresses danger; fear of being alone; company desires; thirst decreased; menses aggravates in general	Gravida-6 Parity-3 Abortion-3 Live births- 2 Mode of delivery- vaginal Last delivery-2 years	28/11 (Fig. 5)

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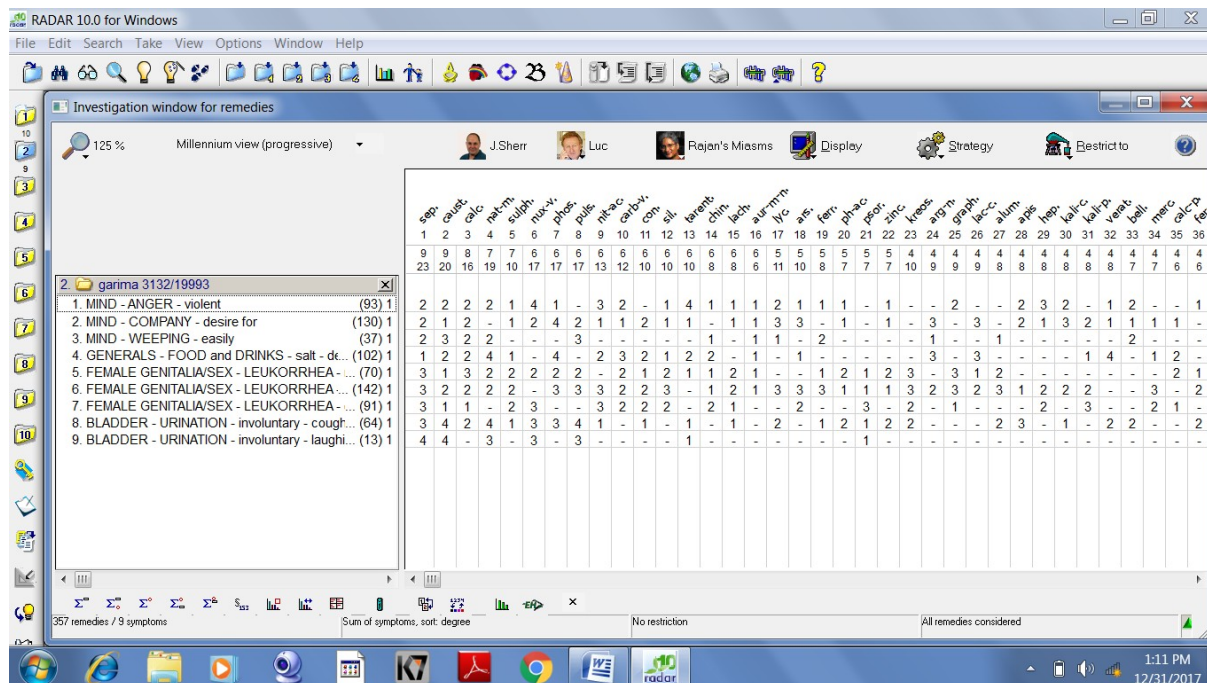


Fig 1: case no 1

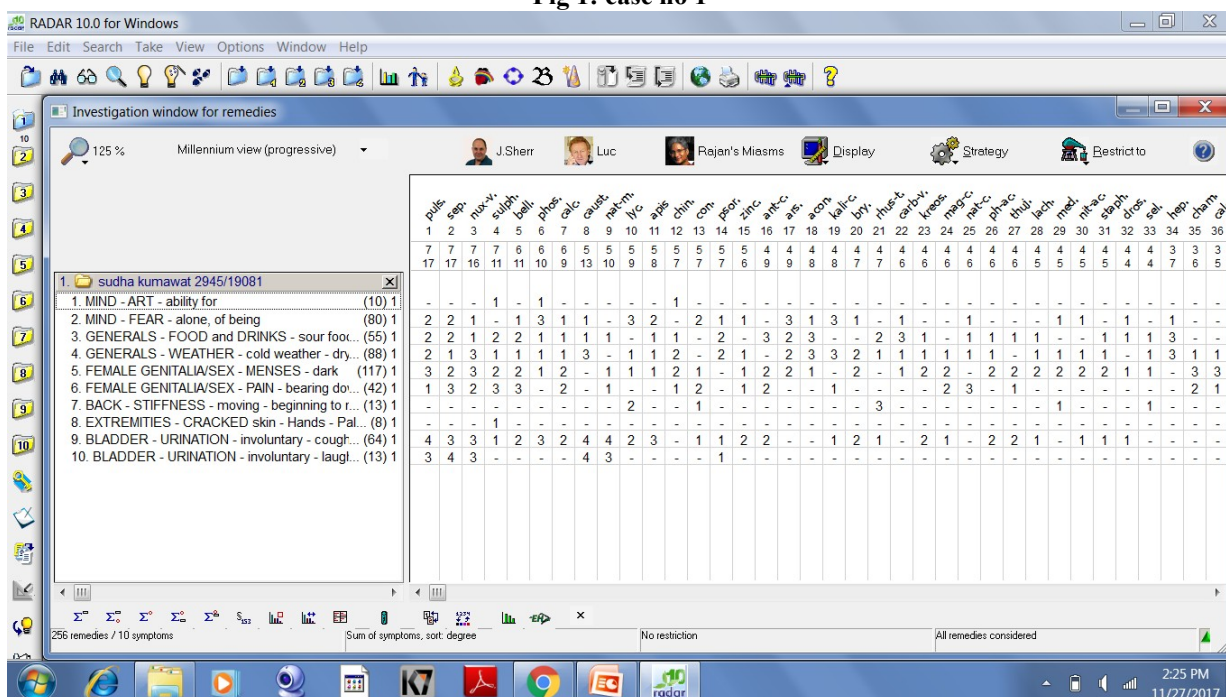


Fig 2: case no 2

# Usefulness of Individualised Homoeopathic Medicine *Sepia officinalis* for Stress Urinary Incontinence in Parous Women of Reproductive Age Group

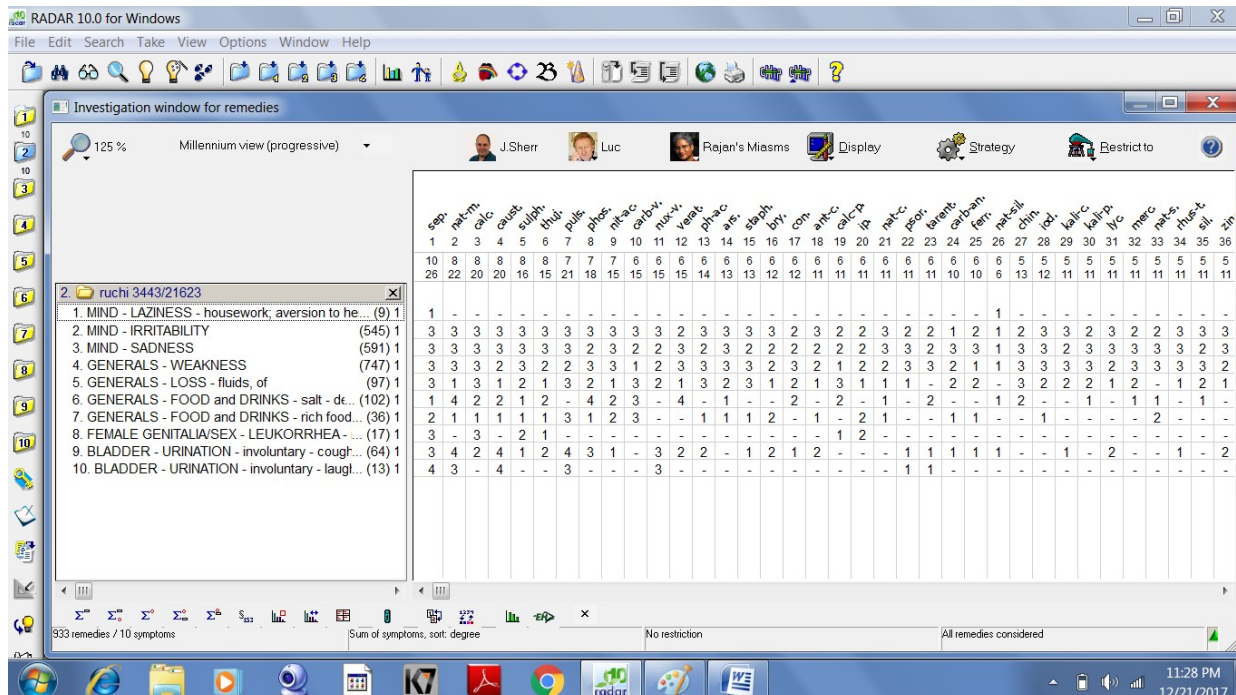


Fig 3: case no. 3

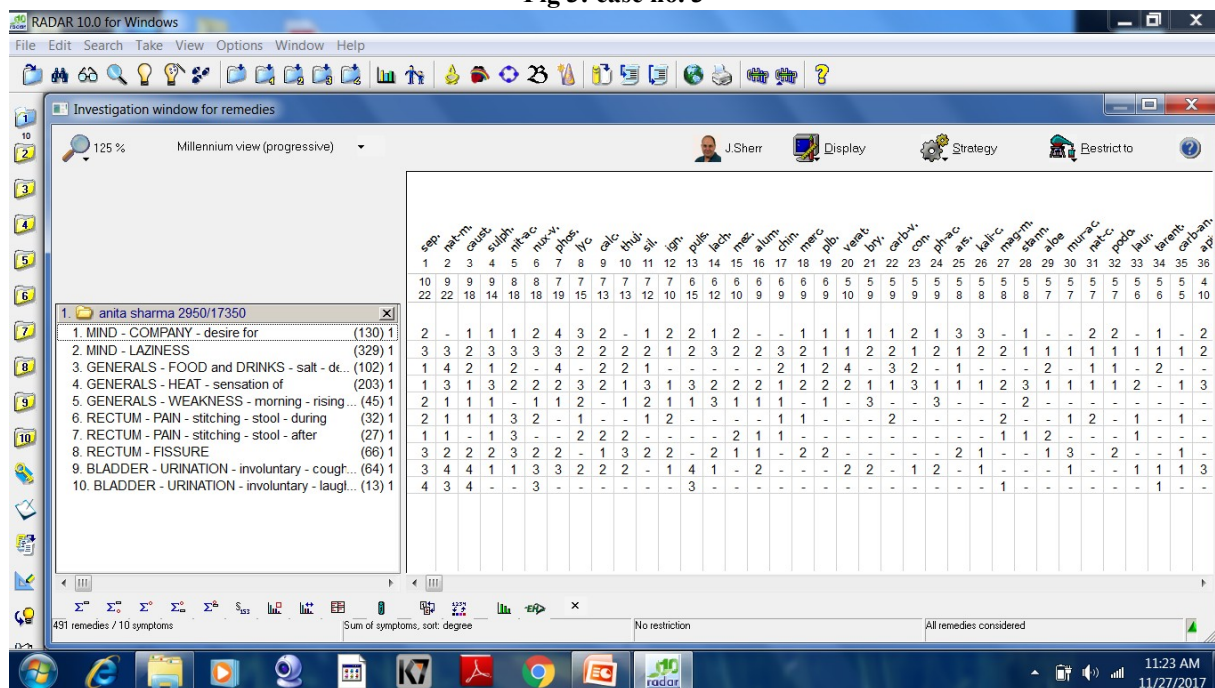


Fig 4: case no 4

## Usefulness of Individualised Homoeopathic Medicine *Sepia officinalis* for Stress Urinary Incontinence in Parous Women of Reproductive Age Group

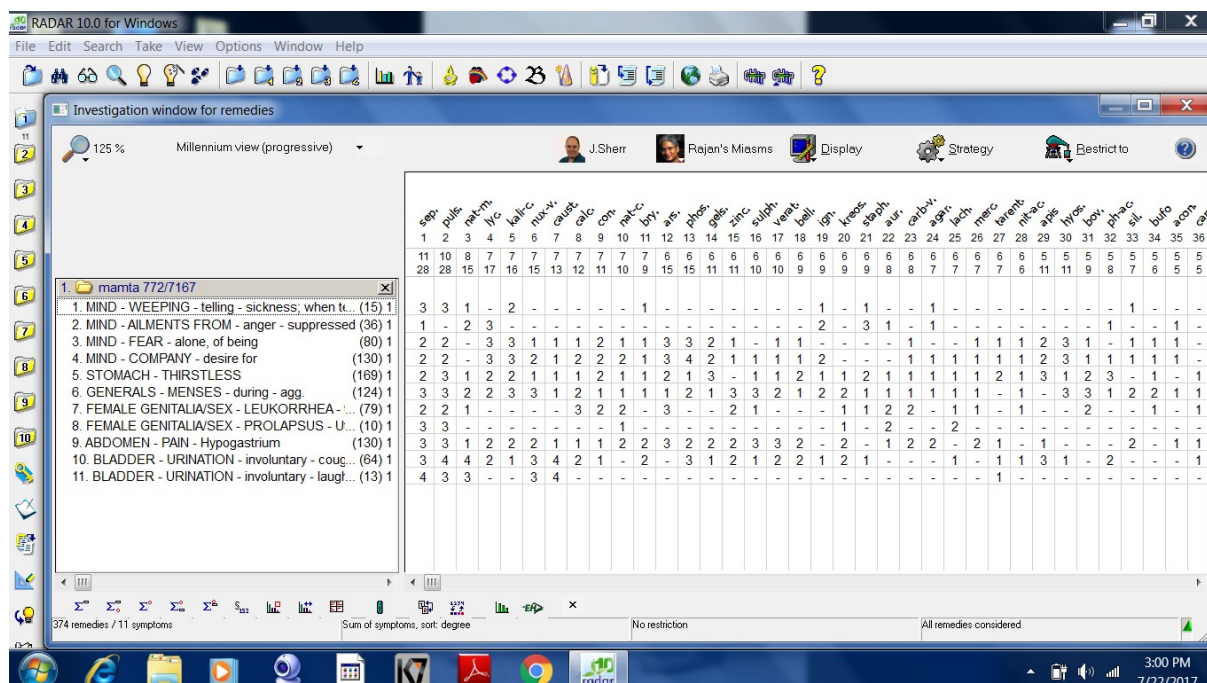


Fig 5: case no 5

### Results and observation:

After case taking, case processing, repertorisation and base line assessment through 1-hr PWT, each case was prescribed with individualized *Sepia officinalis* 30 along with standard regime of PFE and followed for 6 months. Post treatment assessment was done through 1-hr PWT.

This was showing no or very less increase in post-test weight of pad; that means no or less leakage of urine by physical activities. The mean scores of 1-hr PWT reduced from 33.224 (95% CI: 15.72565) to 0.03 (95% CI: 0.023868) indicating a statistically significant reduction ( $p < 0.05$ ) (fig 6).

Table 2: Differences in the scores of 1-hr PWT after treatment

case no.	Pre-treatment post-test weight of pad (g)	Post-treatment post-test weight of pad (g)	Weight Difference
1	49.56	0.1	49.46
2	38.56	0	38.56
3	31.56	0.03	31.53
4	31.23	0	31.23
5	15.21	0.02	15.19
<b>Average</b>	<b>33.22</b>	<b>0.03</b>	<b>33.19</b>

### Statistical Analysis:

Comparing the two datasets reveals a **statistically significant reduction** in weight (Table 2):

- **Weight Reduction:** The average weight dropped from **33.22** to **0.03**.
- **P-Value:** A paired t-test results in a p-value of **0.004**. Since this is much less than 0.05, the treatment had a highly significant effect.
- **Effectiveness:** There was a **99.9% average reduction** in the weight of the pads posttreatment (fig 6).

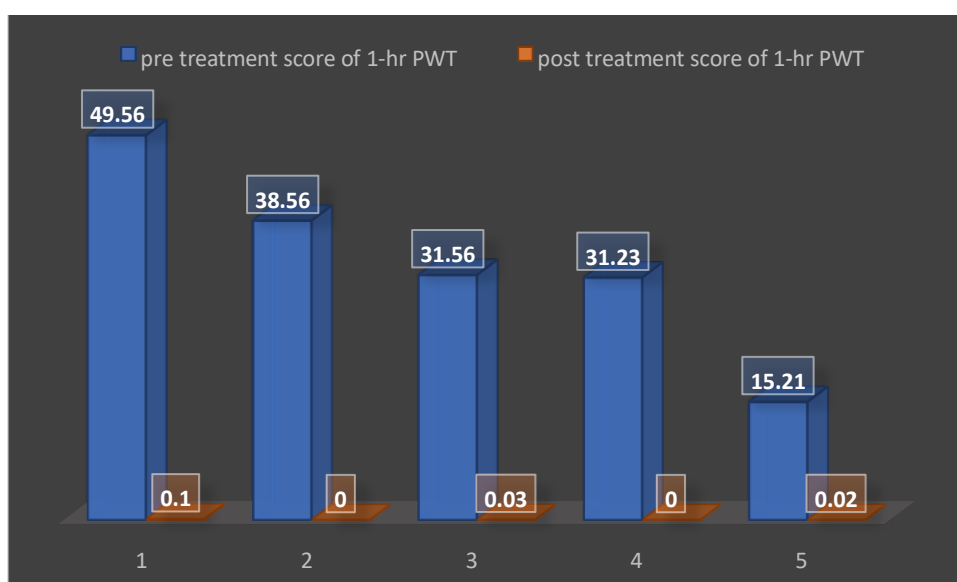


Fig 6: Pre & post-treatment scores of 1-hr PWT

#### DISCUSSION:

This study was conducted with the aim to assess the usefulness of homoeopathic similimum *Sepia officinalis* in cases of stress urinary incontinence in parous women of reproductive age group. All the cases had history of vaginal deliveries and symptoms of involuntary urination because of laxity of pelvic floor; more the number of vaginal deliveries more severe the urinary leakage. After prescribing with *Sepia* along with pelvic floor exercise regime, all the patients felt relief in their leakage issues and this revealed after 1- hour pad weight test (PWT). This can be compared with the study of Borello DF<sup>14</sup> and his friends who concluded that Pelvic-floor muscle exercise is 50-69% effective in reducing urine loss episodes in women. Pranita C<sup>15</sup> et al. in their case series provided evidences supporting individualized homoeopathic remedies' potential efficacy in alleviating stress urinary incontinence among elderly women. Another study,<sup>16</sup> concluded that Homoeopathy offers safe treatment through individualized medicines for stress urinary incontinence without side effects which leads to improved quality of life of patient.

#### CONCLUSION:

This study was an initiative to serve homoeopathic treatment of SUI in parous females as add-on to standard pelvic floor exercise and results were encouraging. Until today, there is no evidence based effective treatment as it is all related to laxity of pelvic floor. As optimising, the management of pelvic floor muscle tone is known to lead to decrease amount of urine leakage, it is important to note that routine pelvic floor exercise regime (Kegel's) was strictly followed by all the patients. Thus, it is plausible that the positive effects reported above are due to the adjunctive homoeopathic treatment. For an evidence-based evaluation of this concept, prospective

studies are required. Keys for the positive outcome of this case series were co-operation of patients and mutual respect. This case series is reflecting some of the cases of the PhD work of researchers.

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