

“UTILITY OF HOMOEOPATHIC MEDICINE JONOSIA ASHOKA IN METRORRHAGIA”

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ABSTRACT

Background

Metrorrhagia, characterized by irregular uterine bleeding occurring at irregular intervals between menstrual cycles, is a prevalent manifestation of dysfunctional uterine bleeding (DUB) that significantly impairs physical health and psychological well-being in women. Jonosia Ashoka is a well-established indigenous homeopathic remedy traditionally valued for its specific affinity for the female reproductive tract. This study aimed to evaluate the clinical utility and efficacy of homeopathic Jonosia Ashoka in mitigating the severity of metrorrhagia and improving patient outcomes.

Methods

A prospective, clinical study conducted over a 12-month period at an outpatient research facility. **Thirty (30) female participants** (aged 18–45 years) diagnosed with clinical metrorrhagia and fulfilling structural inclusion parameters were enrolled. Participants with organic intrauterine pathologies (e.g., large sub-mucosal fibroids, malignancies) were excluded. Jonosia Ashoka was administered orally, primarily utilizing the mother tincture (θ) potency (5–10 drops twice or thrice daily) during acute bleeding episodes, and lower centesimal potencies ($3C$ or $6C$) during the maintenance phase. The primary outcome measure was the mean reduction in the Pictorial Blood Loss Assessment Chart (PBAC) score from baseline to 3 and 6 months. Secondary outcomes included changes in haemoglobin levels and the Visual Analogue Scale (VAS) for pelvic/lumbar pain.

KEYWORDS: Homeopathy; Jonosia Ashoka; Metrorrhagia; Dysfunctional Uterine Bleeding; Clinical Study

INTRODUCTION

Metrorrhagia, defined as non-menstrual uterine bleeding occurring at irregular intervals between predictable menstrual cycles, is one of the most common and distressing clinical presentations in gynecological practice [1]. It is a primary subset of Abnormal Uterine Bleeding (AUB) and is frequently associated with ovulatory dysfunction or endometrial haemostatic imbalances, commonly termed Dysfunctional Uterine Bleeding (DUB). Globally, irregular uterine bleeding affects approximately 10% to 30% of women of reproductive age, accounting for up to 70% of all gynecological consultations in the perimenopausal and reproductive cohorts. The physiological impact of metrorrhagia is profound; chronic, unpredictable blood loss regularly culminates in secondary iron-deficiency anemia, profound physical fatigue, and systemic weakness. Furthermore, the unpredictable nature of intermenstrual bleeding imposes a severe psychosocial and emotional burden, significantly diminishing a woman's health-related quality of life, professional productivity, and social well-being [2,3].

Under the current International Federation of Gynecology and Obstetrics (FIGO) PALM-COEIN classification system, structural aetiologies (such as polyps, adenomyosis, leiomyomas, and malignancy) are differentiated from non-structural causes (such as coagulopathy, ovulatory dysfunction, endometrial disorders, and iatrogenic factors). Conventional pharmacological approaches for non-structural metrorrhagia focus on hormonal stabilization or antifibrinolytic mechanics. Standard medical therapies include combined oral contraceptive pills (COCPs), progestogen-only therapies, levonorgestrel-releasing intrauterine devices (LNG-IUDs), or non-hormonal agents like tranexamic acid and non-steroidal anti-inflammatory drugs (NSAIDs). While these interventions can effectively manage active bleeding, they are frequently constrained by prominent clinical limitations, including breakthrough spotting, nausea, weight fluctuations, mood changes, and long-term thromboembolic risks [9,10]. Moreover, a significant subset of patients expresses a strong preference to avoid synthetic hormonal regimens due to personal health concerns or counter-indications, driving an increasing demand for safe, effective, and non-invasive alternative therapeutics [4,5].

Homeopathy offers a highly personalized, holistic approach to female reproductive disorders, managing gynecological pathology not as a localized organ defect but as a somatic

expression of an underlying psycho-neuro-endocrine axis imbalance. Within classical and indigenous homeopathic therapeutics, Jonosia Ashoka (prepared from the bark of *Saraca asoca*, commonly known as the Ashoka tree) is recognized as a premier, deep-acting uterine tonic with a profound clinical affinity for the female reproductive system [6,7,8]. Historical and contemporary homeopathic literature documents its extensive pathogenesis in regulating menstrual irregularities, particularly where the clinical picture features frequent, dark, clotted intermenstrual flow accompanied by a severe, dragging, or bearing-down pelvic sensation and reflex congestive headaches. Modern pharmacological and phytochemical evaluations of *Saraca asoca* extracts corroborate these empirical findings, demonstrating the presence of bioactive tannins, flavonoids, and sterols that exhibit direct estrogenic activity, increase endometrial vascular tone, and stimulate uterine smooth muscle contractility to regulate aberrant bleeding mechanisms. [14]

Despite its extensive historical usage as a dependable uterine remedy within the Indian subcontinent and its established place in homeopathic materia medica, structured clinical research isolating the specific performance of Jonosia Ashoka in metrorrhagia remains sparse [13]. Most existing literature relies on empirical observations or generalized trials on broad uterine disorders, highlighting a distinct gap in prospective clinical data. This study aims to address this empirical deficiency by conducting a prospective, open-label clinical trial to systematically evaluate the therapeutic utility and efficacy of homeopathic Jonosia Ashoka in the management of metrorrhagia among women of reproductive age. [15]

MATERIALS AND METHODS

Study Design

A prospective, open-label, single-arm, clinical study was conducted over a 12-month period at Adarsh Homoeopathic Hospital Attached to ACH, Kalol.

Participants and Eligibility Criteria

A total of 30 female participants were selected from outpatient clinics and community screening programs using the following criteria:

- **Inclusion Criteria**

- Females aged between 18 and 45 years.
- Clinically diagnosed with metrorrhagia, characterized by non-menstrual uterine bleeding occurring at irregular intervals between predictable cycles.

- A baseline Pictorial Blood Loss Assessment Chart (PBAC) score of (>100) or documentation of frequent intermenstrual spotting for at least two consecutive cycles.

- **Exclusion Criteria:**

- Presence of organic structural intrauterine pathologies under the FIGO classification (e.g., large sub-mucosal uterine fibroids, cervical polyps, adenomyosis, or suspected reproductive tract malignancies).
- Pregnancy, lactation, or less than 6 months postpartum.
- Concurrent severe systemic disorders, including uncorrected coagulopathies, severe hepatic impairment, or advanced renal insufficiency.
- Use of oral contraceptives, hormonal intrauterine systems, or systemic antifibrinolytics within the past 4 weeks.

Intervention and Medication Administration

All enrolled participants (N=30) received the homeopathic medicine *Jonosia Ashoka*, prepared according to standard Homeopathic Pharmacopoeia regulations.

- **Acute Bleeding Phase:** Participants were prescribed the Mother Tincture potency. The standard dosage was 5 to 10 drops diluted in a tablespoon of lukewarm water, administered two to three times daily depending on the severity of active vascular flow.
- **Maintenance Phase:** As the active intermenstrual bleeding stabilized, participants were transitioned to lower centesimal potencies (3C) or (6C) administered orally via unmedicated cane sugar globules (Size 30). Dosage intervals were dynamically spaced from twice daily to a single weekly dose based on individual patient response and stability of the cycle.
- **Concomitant Restrictions:** Participants were instructed to avoid coffee, raw onions, garlic, camphor, and strong aromatics during the active treatment phase to prevent potential medicinal antidote effects according to classical principles.

Outcome Measures

Clinical follow-ups and data collection were scheduled at baseline, 1 month, 3 months, and 6 months.

- **Primary Outcome:** The change in the mean Pictorial Blood Loss Assessment Chart (PBAC) scores, tracking the volume and frequency of intermenstrual blood loss.

○ Secondary Outcomes

- Changes in systemic haemoglobin (Hb) levels (expressed in g/dL) evaluated via baseline and 6-month laboratory blood counts to monitor recovery from secondary iron-deficiency anemia.
- Reduction in secondary pelvic and sacral pain intensity measured via a 10-point Visual Analogue Scale (VAS).
- **Safety Outcomes:** Systematic logging of any unwanted physical signs, unexpected pathogenetic aggravations, or adverse events reported by the participants.

RESULTS

30 participants were enrolled and completed the full 6-month follow-up period without any dropouts or missing data points (0% attrition).

The mean age of the study population was 32.4 ± 6.1 years. The baseline clinical evaluation revealed that a majority of the participants suffered from secondary mild-to-moderate iron-deficiency anemia due to chronic, erratic blood loss.

Patient Profile & Baseline Characteristics	Value (N=30)
Age (years, Mean $\pm$ SD)	32.4 ± 6.1
Age Range (years)	19 – 44
Baseline PBAC Score (Mean $\pm$ SD)	214.6 ± 32.4
Baseline Haemoglobin (g/dL, Mean $\pm$ SD)	9.8 ± 1.1
Baseline Pelvic Pain Score (VAS, Mean $\pm$ SD)	5.8 ± 1.4

Primary Outcome: Pictorial Blood Loss Assessment Chart (PBAC)

The primary evaluation of Jonosia Ashoka focused on its capacity to control irregular blood loss. The baseline means PBAC score stood at 214.6 ± 32.4 .

Secondary Outcomes: Hemoglobin (Hb) Levels and Pain (VAS)

Hemoglobin Levels: At baseline, chronic blood loss kept the mean hemoglobin low at 9.8 ± 1.1 g/dL. Controlling the irregular bleeding directly allowed for physiological recovery. At 6 months, the mean hemoglobin levels rose significantly to 11.4 ± 0.8 g/dL ($p < 0.001$). This confirmed successful management of the secondary iron-deficiency anemia without the mandatory use of iron supplements.

Pelvic and Sacral Pain: The mean Visual Analogue Scale (VAS) score for the distressing, bearing-down sacral pain dropped significantly from a baseline of 5.8 ± 1.4 to 2.1 ± 0.7 at the 6-month mark ($p < 0.001$), confirming localized symptomatic relief.

Outcome Parameter	Baseline	Month 3	Month 6	p-value (Baseline vs Month 6)
PBAC Score	214.6 ± 32.4	132.8 ± 18.5	84.2 ± 12.1	< 0.001
Hemoglobin (g/dL)	9.8 ± 1.1	<i>Not tested</i>	11.4 ± 0.8	< 0.001
Pain Score (VAS)	5.8 ± 1.4	3.6 ± 0.9	2.1 ± 0.7	< 0.001

DISCUSSION

Homeopathic Perspective and Pharmacodynamics of *Jonosia Ashoka*:

Regulation of Uterine Tone: *Jonosia Ashoka* acts directly upon the uterine smooth musculature, enhancing its contractility and tone. Mechanistically, this increased muscular tension compresses the spiral arterioles supplying the endometrium, providing a reliable homeostatic block against active, irregular blood loss. This action explains the rapid stabilization of flow observed when using the Mother Tincture (θ) during acute hemorrhagic phases.

Ovarian-Uterine Axis Stabilization: Beyond localized vascular control, the remedy exhibits a deep, regulatory influence over ovarian functions. It aids in balancing endogenous hormonal secretions, thereby preventing the erratic endometrial hyperplasia that triggers intermenstrual spotting. This explains the long-term clinical stability achieved by participants during the maintenance phase with lower centesimal potencies (3C and 6C).

Alleviation of Associated Concomitants: A hallmark indication for *Jonosia asoka* is the presence of a severe, bearing-down or dragging sensation in the sacral region, alongside congestive, throbbing headaches that alternate with menstrual aberrations. The significant drop in pain scores (VAS) from 5.8 ± 1.4 to 2.1 ± 0.7 ($p < 0.001$) confirms its capacity to resolve localized pelvic congestion and reflex neurovascular symptoms simultaneously.

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CONCLUSION

The findings of this prospective clinical trial demonstrate that homeopathic *Jonosia asoka* possesses substantial clinical utility and efficacy in managing non-structural metrorrhagia in women of reproductive age. Over the 6-month study period, the structured administration of this remedy—utilizing the Mother Tincture (θ) during acute bleeding phases and lower centesimal potencies (3C and 6C) for long-term stabilization—resulted in a highly significant reduction in mean Pictorial Blood Loss Assessment Chart (PBAC) scores. The intervention effectively controlled irregular intermenstrual bleeding, reduced spotting episodes, and successfully restored endometrial vascular stability.

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