

Dysmenorrhea and its Homoeopathic Approach: A Review

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Abstract:

Dysmenorrhea is one of the leading cause of recurrent short term school absence in adolescent girls and common problem in women of reproductive age. Risk factors for dysmenorrhea include nulliparity, heavy menstrual flow, smoking and depression. In primary dysmenorrhea there is no macroscopically identifiable pelvic pathology, while in secondary dysmenorrhea gross pathology is present in the pelvic structures. In primary dysmenorrhea the pain is supra pubic and spasmodic, and associated symptoms may be present. Characteristically dysmenorrhea starts at or shortly after menarchae. The pain last for 48- 72 hours during the menstrual flow and is most severe during the first or second day of menstruation. Homoeopathic medicines such as Pulsatilla nigricans, Viburnum opulus, Cimicifuga, Sepia etc.. It helps in managing the cases of dysmenorrhea efficiently.

Keywords: Dysmenorrhea, Homoeopathy, Miasm, Pain management, Painful menstruation.

Introduction:

The term dysmenorrhea comes from the Greek means ‘difficult monthly flow’ but it is now taken to mean painful menstruation. It is a symptoms complex, with cramping lower abdominal pain which is radiating to the back and legs, and it often accompanied by gastro-intestinal and neurological symptoms as well as general malaise.⁽¹⁾ It is one of the most common gynaecological problems in women of all age groups and races and economic status. The estimated prevalance of dysmennorrhoea varies widely, ranging from 45 to 93% of women of reproductive age and the highest rate are reported in adolescents. It can be primary, in the absence of identifiable pelvic pathologies, Moreover primary dysmenorrhoea represents relevant cause of school and work absence, negatively affects academic performance, productivity, daily life activities, and quality of life of these women. Or Secondary, with demonstrable organic pathologies like endometriosis and pelvic inflammatory disease. It is associated with significant emotional, psychological, and functional health impact.⁽²⁾

Types of dysmenorrhoea :

Primary dysmenorrhoea: It begins a few years after menarche when the ovulatory cycles set in. It is due to placental growth factor produced in the endometrium during ovulatory cycles. It refers to the one that is not associated with any identifiable pelvic pathology. Prostaglandins are responsible for causing increased uterine tone and high altitude contractions.⁽³⁾ It affects more than 5% postpubescent women in the age group of 18-25 years with ovulatory cycles. Besides that it is estimated that the prevalance of

primary dysmenorrhoea is even higher since many women associate dysmenorrhoea as normal menstrual cycle pain and do not seek medical assistance for this condition .⁽⁵⁾

Secondary Dysmenorrhoea: It starts later and is due to pelvic pathology. It is most often congestive in nature, spasmodic secondary dysmenorrhoea is usually due to pathology in the uterine cavity such as intrauterine contraceptive devices, polyp, or submucous myoma.⁽³⁾ It refers to the one associated with the presence of organic pelvic pathology, fibroids, adenomyosis, pelvic inflammatory disease and endometresis .⁽⁵⁾

Types of pain:

1. **Spasmodic** : It starts on the first day of menstrual period, and lasts for a relatively short time, it is intermittent and spasmodic. It is severe colicky pain in the lower abdomen that may radiated suprapubically or to the inner aspect of the thigh and may accompanied with backache and other symptoms such as nausea, vomiting, headache, diarrhoea and fatigue .⁽⁴⁾

2. **Congestive** : This is the premenstrual pain which is situated either in the back or lower abdomen. It occurs three to five days before the onset of menstruation and is always relieved by menstrual flow.⁽³⁾ It is associated with constipation and flatulent distension of upper colon, occurring in multiparous women after many years of relatively painless menstruation due to pelvic congestion which is more marked in premenstrual period. This variety is commonly seen in pelvic inflammatory disease, intrauterine contraceptive wearers, pelvic endometriosis and fibroid. ⁽⁵⁾

3. **Membranous:** Which the endometrium is shed as a cast at the time of menstruation. The passage of the cast is accompanied by uterine cramps. This is a rare variety. The prognosis is poor. ⁽⁵⁾

Risk factors:

1. The severity of dysmenorrhoea is significantly associated with
2. Duration of menstrual flow,
3. Smoking , caffeine consumption (also induces vaso constriction)
4. Obesity,
5. Alcohol consumption,
6. Younger average menarchae,

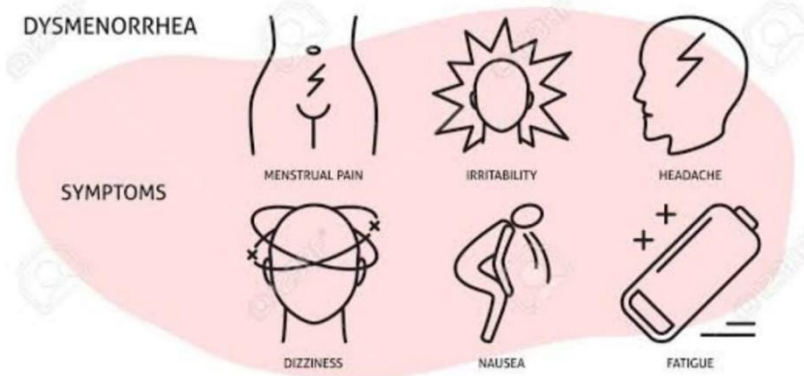
High levels of stress can also greatly increase the incidence of dysmenorrhoea, as can depression , and anxiety, and disruption of social networks.⁽⁶⁾

Clinical features:

The pain begins a few hours before or just with onset of menstruation. The severity of pain usually lasts for few hours, may extend to 24 hours but seldom persists beyond 48 hours. The pain is spasmodic and confined to lower abdomen ;may radiate to the back and medial aspect of thighs. Systemic discomfort like

1. Nausea
2. Vomiting
3. Fatigue

4. Tachycardia may be associated.



It may be accompanied by vasomotor changes causing pallor, cold sweats and occasional fainting. Rarely, syncope and collapse in severe cases may be associated. Abdominal or pelvic examination does not reveal any abnormal finding. For detection of any pelvic abnormalities, ultra sound is very useful and it is not invasive.⁽⁷⁾

General management:

General measures include improvement of general health and simple psychotherapy in terms of explanation and assurance. Usual activities including sports are to be continued. Hot water bags and heat compression are also of great help in alleviating pain.

1. Life style changes

- ✓ Exercise regularly minimum thrice a week .
- ✓ Ensure sound sleep of atleast 6-8 hours
- ✓ Avoid smoking and alcohol
- ✓ Reduce caffeine
- ✓ Lie on your back supporting your knees with a pillow. Hold a heating pad or hot water bottle on your abdomen or lower back. Take a warm bath. Gently massage your abdomen. Do mild exercise like stretching, walking, or biking- exercise may improve the blood flow and reduce pelvic pain. Getting plenty of rest and avoiding stressful situations as your period approaches.
- ✓ Exercise and stay active. It is best to do weight - bearing exercises such as jogging, walking, stair climbing, dancing, or lifting weights for 2 hrs a week. One way to do this is to be active 30 minutes a day at least 5 days a week. Begin slowly especially if a person has not been active.

2. Diet

- ✓ Eat healthy and warm and fresh foods include soaked raisins and kesar.
- ✓ Avoid dairy products like milk, cream, and cheese.
- ✓ Have fresh fruits like plums, apples, dark grapes, pomogranates, berries, tomatoes, pine apples, and spices like turmeric ginger or garlic.
- ✓ Have leafy green vegetables include spinach, kale, broccoli, cabbage, cauliflower.
- ✓ Regularly use ginger in food preparations.
- ✓ Avoid high fat and sugar such as meat , oil, sugars, salts and coffee, cakes, biscuits, butter, and ice cream.
- ✓ Dark chocolate may help to ease menstrual cramps due to its high magnesium content.

- ✓ Take supplements like calcium, magnesium, vitamin C, B6, B12 such as green leafy vegetables (spinach), oranges, lemons, bananas, kiwis, mangoes, almonds
Walnuts, flax seeds.
- ✓ Take adequate amount of water with adding of fenugreek seeds may relieve menstrual cramps.

3. Avoid stress and tension

- ✓ Stress can cause you to have trouble falling asleep. When you have too much to do and too much to think about your sleep can suffer. But sleep is the time when your brain and body recharge. And the quality and amount of sleep you can get affect your mood, energy level, concentration and overall functioning. If you have sleep troubles make sure that you have a quiet, relaxing bed time routine, listen soothing music, put clocks away, and stick to your consistent schedule.

4. Yoga

Yoga activities can help to reduce and prevent the severity of many ailments that specifically women’s health and gives strength, stability, and suppleness. Yogasanas are considered as the most convenient, drugless, and inexpensive method. Yoga is also found to have encouraging effect on increasing the pain threshold capacity in individuals. In yoga, various types of asanas have been mentioned. Among the Ushtrasana, Bhadrasana, Gomukhasana, and Vajrasana have a pain relieving effect.⁽⁸⁾

Miasmatic approach:

Modes	PSORA	SYCOSIS	SYPHILIS	TUBERCULAR
Seat of action	All sorts of psycho- pathic perversions, functional disturbances.	Endometrium, uterine appendages when we acute pain, active inflammatory process. Disease upon the tube ovaries.	—	Pathological disturbances.

Miasm	Bland, clots, small, scanty.	Acrid, excoriating, biting, burning the pudendum.	–	Bright red blood, sometimes associated with vertigo, fainting with pallor of face.
Dysmenorrhoea	Very early at puberty under climacteric period.	Offensive, clotted, stringy large, dark even black colicky, spasmodic nature, paroxysm.	–	Prolonged and copious flow ⁽⁹⁾

Repertorial approach:

1. Kent repertory: Genitalia - menses-painful- dysmenorrhoea.⁽¹⁰⁾
2. Boenninghausens Therapeutic pocket book: Sexual organs - female organs in general - spasmodic. Menstruation - membranous.⁽¹¹⁾
3. Boger Boenninghausens Characteristics and repertory: Menstruation -membranous.⁽¹²⁾

Homoeopathic management of dysmenorrhoea:

1.Belladonna: Dysmenorrhoea of Belladonna is congestive and neuralgic type. The blood is bright red bright, hot and offensive with clots of dark decomposed blood. Menses are early and copious.⁽¹³⁾

2.Calcarea carbonicum: Menses start at early age occur too early, too profuse, lasts too long, with vertigo, toothache, accompanied by cold, damp foot.⁽¹³⁾ A little physical exercise or mental excitement causes dysmenorrhoea. The heavy menstrual flow mostly due to abnormal growth in the uterus like fibroid tumor or a polyps.⁽¹⁴⁾

3.Colocynthis: Must draw up double, with great pain and restless to get relief[. Wants abdomen supported by pressure. Bearing down cramps with boring down pains in ovaries.⁽¹⁵⁾ Dysmenorrhoea is worse by eating or drinking.⁽¹³⁾

4.Magnesium phosphoricum: Menstrual colic, Membranous dysmenorrhoea, pain during and preceding flow. Menses too early, dark, stringy with constricting sensation. Pain before menses; better after flow starts. Worse -right side, cold , touch.⁽¹⁵⁾

5.Chamomila: Pain: agonizing, unendurable, drives to despair, with heat, thirst and fainting; with numbness of affected parts; so effectively calms nervous excitement that it has been termed as the “Opium of Homoeopathy”. Menses too early, too profuse, offensive, blood dark and coagulated With labor like pains.⁽¹⁴⁾

6. Viburnum opulus: A very useful remedy both in spasmodic and membranous dysmenorrhoea.⁽¹³⁾ Menses too late, scanty, thin, light coloured lasting a few hours offensive in odour, with crampy pains, cramps extend down thighs. Bearing down pains before. Spasmodic and membranous dysmenorrhoea.⁽¹³⁾

7. Cimicifuga racemosa: Spasmodic dysmenorrhoea with severe pain in the 1st day of menstruation, which persists till the flow stops. Pain immediately before menses. Menses profuse, dark, coagulated, offensive with backache, nervousness; always irregular.⁽¹⁵⁾

8. Pulsatilla nigricans: Suppressed menses from wet feet, nervous disability, or chlorosis. Tardy menses, too late too scanty and too short duration, thick, dark, clotted, changeable, dysmenorrhoea since puberty.⁽¹⁶⁾ Retarded or delayed menses in young girls at the age of puberty.⁽¹³⁾

9. Sepia: Menses usually appear late every month, and are usually scanty, sometimes last only a day.⁽¹⁴⁾ Violent Dysmenorrhoea is accompanied by toothache, headache, discharge of plugs from nose, pain in tibia, epistaxis and colicky pain.⁽¹⁶⁾

10. Lachesis: It acts especially well at the beginning and closure of menstruation. Dysmenorrhoea at the critical period, especially when belladonna or sepia has prevent inefficient.⁽¹⁶⁾

11. Actea racemosa: Rheumatic dysmenorrhoea. The more profuse the flow greater the suffering.⁽¹⁵⁾

12. Nux vomica: Menses every two weeks, irregular never at right time, stopping and starting again. Menses too early, profuse, lasts too long.⁽¹⁵⁾

13. Sabina: Menses too early and too profuse, it may be either bright red or dark and coagulated.⁽¹⁶⁾ Indescribable drawing pains in the last lumbar vertebra, extending through to the pubis.⁽¹³⁾

14. Natrum muriaticum: Too late, too scanty and too short duration. Menses too early and too profuse. Primary effect, “shortening of the menses; secondary effect, extension”.⁽¹⁶⁾

15. Kalium carbonicum: Difficult first menstruation. Menses suppressed with anasarca or ascites Back ache before and during menses.⁽¹⁵⁾

16. Cyclamen: Membraneous and congestive dysmenorrhoea. Too frequent and too profuse. Menses suppressed, profuse with flow of black and clotted blood.⁽¹⁴⁾

17. Ammonium carbonicum: Premature and abundant, Copious flow, especially at night, when standing or riding, and after a ride in the cold air.⁽¹⁶⁾ Cholera like symptoms at the commencement of the catamenia.⁽¹³⁾

18. Borax: Membraneous dysmenorrhoea, premature and profuse.⁽¹⁵⁾

19.Bovista: Menses flow only at night, not in day time. Diarrhoea and head ache during and before menses.⁽¹⁴⁾

20.Trillium pendulum: Dysmenorrhoea with sensation as if hips and backs were falling into pieces, better by tight bandaging. ⁽¹⁵⁾

21.Veratum album: Dysmenorrhoea with vomiting and purging, is so weak can scarcely stand for two days at each menstrual nusus. ⁽¹³⁾

22.Crocus sativus: Dysmenorrhoea, blood, black, viscid, clotted forming in to long black strings.⁽¹⁵⁾

23.Zincum mettalicum: Congestive dysmenorrhoea, pains better by appearance of menses.⁽¹³⁾

24.Medorrhinum: Intense menstrual colic with drawing up of knees, labour like pains, must press feet against support menses offensive, metrorrhagia.⁽¹⁵⁾

25.Tuberculinum: Frightful dysmenorrhoea in women with a tubercular history.⁽¹³⁾

26.Xanthoxylum: Neuralgic dysmenorrhoea with pain in back and down the -legs. Menses too early, thick, almost black in strings. ⁽¹⁴⁾

27.Erigeron: Dysmenorrhoea with violent irritation as if hips and backs were falling to pieces, better by tight bandaging.⁽¹⁵⁾

28.Ustilago: Extreme pain during the period, flow profuse and do not cease until next period.⁽¹⁴⁾

29.Senecio aures: Anaemic dysmenorrhoea. Functional amenorrhoea in young girls with backache.⁽¹³⁾

30.Eupion: Congestive dysmenorrhoea. Nose bleed when flow intermits.⁽¹⁴⁾

31.Piscida: Neuralgic and spasmodic dysmenorrhoea. Irregular menses, insomnia due to worry.

Mother Tinctures for dysmenorrhoea:

1. **Alteris farinosa:** Dysmenorrhoea with labour like pains.Menses scanty, retarded, prolapse of uterus.Anaemic choloretic girls with great debility.⁽¹³⁾
2. **Fraxinus Americans:** Dysmenorrhoea from uterine tumors, fibroids, uterine enlargements. Cramps in feet with bearing down sensation.⁽¹³⁾
3. **Jonosia Asoka:** Delayed or irregular menses.Headache due to suppressed menses. Headache due to suppressed menses. Menses scanty, pale, foul smelling, blackish.⁽¹³⁾

4. **Mercurialis Perennis:** Dysmenorrhoea with scanty menses, pain and swelling of breasts.⁽¹³⁾
5. **Zincum Valerinicum:** Neuralgic dysmenorrhoea, ovaralgia, pains shoot down the limbs, even to the foot.⁽¹³⁾
6. **Rosmarinus:** Violent pains followed by uterine haemorrhage, menses too early.
7. **Abroma radix:** Menses is associated with severe abdominal pain and menstrual cramps. Helps to get relief from the pain.

Discussion and conclusion:

Dysmenorrhoea impacts a substantial public health burden and it significantly decreases the quality of life of patients. Homoeopathic Materia medica is enriched with many symptoms and their effectiveness has to be explored further to relief the suffering of females and also to enrich the homoeopathic literature that will guide many more practioner for a better healthy outcomes. With the help of homoeopathic medicines we can improve quality of life of women and decrease the abstinence from work and school.

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