



Dysmenorrhoea & its Homoeopathic Management

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Abstract: Dysmenorrhoea refers to menstrual pain. Most females experience some degree of pain and discomfort in their menstruation period which could adversely impact their daily activities. Various studies have demonstrated the beneficial effect of individualized homoeopathic treatment in cases of Dysmenorrhoea.

Keyword: Dysmenorrhoea, Primary dysmenorrhoea, Secondary Dysmenorrhoea, Homeopathy.

Introduction¹: A cyclic, excruciating cramping pain known as dysmenorrhoea is described as happening just before or during the menses and is frequently accompanied by other biological symptoms like perspiration, tachycardia, headaches, nausea, vomiting, diarrhoea, and trembling.

Types of Dysmenorrhoea^{1,2}:

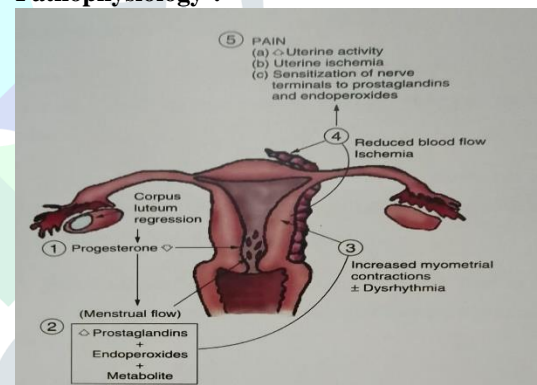
1. Primary Dysmenorrhoea.
2. Secondary Dysmenorrhoea
3. Spasmodic Dysmenorrhoea
4. Congestive Dysmenorrhoea
5. Membranous Dysmenorrhoea.

Primary Dysmenorrhoea^{3,4}: A primary dysmenorrhea is one that has no discernible pelvic disease associated with it. It affects more than 50% of post-pubescent women between the ages of 18 and 25 who have ovulatory cycles; as a result, it typically manifests a few years after menarche after at least 6 to 12 months of pain-free periods. It is most severe on the first day of menstruation and gradually gets lighter as the period continues. It frequently gets better with time and after giving delivery. The effects of endogenous prostaglandins are now understood to be the cause of the symptoms these patients are experiencing.

Risk Factors⁵:

1. **Younger average menarche:**
 - Obesity.
 - lack of exercise & poor diet.
 - Alcohol consumption & smoking.
2. **Heavy menstrual flow:**
 - Stress, anxiety & disruption of social networks
 - Alcohol consumption & smoking
 - Nulliparity, Malposition of uterus

Pathophysiology⁶:



Mechanism contributing to generation of pain in Primary Dysmenorrhoea

Symptoms^{2,5,7}:

- Cyclic cramping labor like pain usually centred in the hypogastrium or suprapubic area which radiates to the back or anterior and/or medial thigh.
- In classic Primary Dysmenorrhoea, the pain usually begins a few hours before or just after the onset of a menstrual period and may last 48 to 72 hours.
- **Systemic symptoms** like nausea, vomiting, diarrhoea, fatigue, fever, headache or and nervousness are fairly common.
- **Vasomotor symptoms** like cold sweats, pallor, faintness and collapse may be associated. A mild degree of shock may follow a very severe attack.

Sign⁸:

Tenderness over suprapubic region.

Diagnosis^{8,1}:

The diagnosis of primary dysmenorrhea is made largely by the history and physical examination.

To diagnose primary dysmenorrhea, it is necessary to clinically rule out underlying pelvic pathology and confirm the cyclic nature of the pain. Patients typically complain the above mentioned symptoms.

Diarrhea, headache, fatigue, and malaise may be reported. There are no laboratory (CBC, ESR) or imaging (USG) abnormalities associated with primary dysmenorrhea.

Secondary dysmenorrhea⁷: it is normally considered to be menstruation-associated pain occurring in the presence of pelvic pathology.

Causes of Pain⁷: The pain may be related to increasing tension in the pelvic tissues due to premenstrual pelvic congestion or increased vascularity in the pelvic organs.

COMMON CAUSES OF SECONDARY DYSMENORRHEA⁷:

1. Endometriosis
2. Adenomyosis
3. IUCD in utero
4. Obstruction due to Müllerian anomalies
5. Cervical stenosis
6. Pelvic adhesions
7. Uterine fibroid
8. Pelvic congestion
9. Endometrial polyp
10. Chronic pelvic infection.

Clinical Features⁷:

1. The pain is dull, situated in the back and in front without any radiation.
2. It usually appears 3-5 days prior to the period and relieves with the onset of bleeding.
3. There is no systemic discomfort unlike primary dysmenorrhea. The patients may have got some discomfort even in between periods.
4. Abdominal and vaginal examinations usually reveal the pathology.

CLINICAL DIFFERENTIATING FEATURES BETWEEN PRIMARY AND SECONDARY DYSMENORRHEA⁷:**Primary**

- No identifiable pelvic pathology
- Mostly in adolescents
- Confined to ovulatory cycle
- Starts with the onset or just before the mens

Secondary

- Secondary to pelvic pathology.
- Elderly/parous women Pain starts 7-10 days before the onset of menstruation.
- No systemic discomfort.
- Intermenstrual period not completely free of pain.

Investigations⁷:

- **Transvaginal sonography:** Can detect most pelvic pathology (Leiomyoma, adenomyosis).
- **Saline infusion sonography** (submucous fibroid, polyps).
- **Laparoscopy** (endometriosis, PID): Useful for both diagnostic and therapeutic purposes.
- **Hysteroscopy:** is useful for both diagnostic and therapeutic purposes.

Differential Diagnosis²:

The most important differential diagnosis of primary dysmenorrhoea is **Secondary dysmenorrhoea**. Others include -

1. Abdominal Trauma (Blunt)
2. Uterine Bleeding
3. Ovarian Cysts
4. Ovarian Torsion
5. Pelvic Inflammatory Disease
6. Pregnancy, Ectopic.
7. Vaginitis
8. Urinary tract infection.

Management¹:

Rest, balanced diet, Education & Counselling. Psychotherapy and Other supportive therapy like yoga, acupuncture, meditation and exercises furnish an important role in its management.

Homeopathic Management: whatever the disease's name, homeopathy medication is based only on the totality of symptoms. These are however some of the medications that are usually prescribed while treating a patients with Dysmenorrhoea.

Cocculus⁹: Scanty menstruation precedes pain. Dysmenorrhoea associated with vertigo. Sensation of pain as if stones are rubbed together.

Actaea Racemosa¹⁰- Headache preceding menses. Pain is of flying character across the pelvic region from one side to another. The more profuse the flow greater the suffering.

Belladonna¹¹- Cutting pain in sacrum from hip to hip. Menses bright red, too earl too profuse. Pain comes & goes suddenly, congestion with red face, throbbing carotids. Colic with burning thirst. Worse on lying down.

Cactus grandiflorus¹⁰- Dysmenorrhoea; pulsating pain in uterus and ovaries. Mem early, dark, pitch-like, ceases on lying down. Constriction of heart, uterus, vag bladder & rectum. Most terrible pains, causing her to cry out aloud & weep.

Chamomilla¹¹- Spasmodic dysmenorrhoea with great impressionability & fretfulness. Pain seems unendurable, drives to despair with heat, thirst and fainting with numbness of affected part <by heat, evening, before midnight. Oversensitive to open air. Toothache during menses. Complaints from anger. Profuse discharge of clotted, dark blood, with labor -like pains.

Kali carbonicum¹¹- Menses early, profuse or too late, pale and scanty, with soreness about genitals; pains from back pass down through gluteal muscles, with cutting in abdomen. Difficult first menses. Feels badly week before menstruation,

backache, before and during menses. Pains stitching < rest, lying on affected side. Backache, debility & sweating, inclined to obesity.

Pulsatilla¹¹- Derangements at puberty. Menses suppressed from getting the feet wet; too late, scanty, painful, irregular, intermittent flow with evening chilliness. Changeable. comes suddenly and goes gradually, great restlessness and tossing about, flows more during day. Delayed menarche.

Ustilago maydis¹⁰- Dysmenorrhoea of a congestive character, with much ovarian irritation; severe pain in ovaries, uterus and back every few minutes. Subject to headache ever since menstruation appeared. Profuse menstruation, flow lasting from ten days to two weeks, always < from motion. A heavy backache with sharp pain across abdomen from hip to hip, followed by expulsive pains on exertion.

Viburnum Opulus¹¹: Menses too late, scanty, lasting a few hours, offensive in odor, with crampy: pains, cramps extend down thighs (Bell). Bearing-down pains before. Ovarian region feels heavy and congested. Aching in sacrum and pubes, with pain in anterior muscles of thighs (Xanthox); spasmodic and membranous dysmenorrhoea (Borax).

Xanthoxylum Fraxineum¹²: Dysmenorrhea: with agonising pains, driving patient almost distracted; neuralgic pain runs along course of genito-crural nerve; in women of spare habit and of a delicate, nervous temperament; with headache, esp. over 1. eye, commencing day before menses; fulness in head; eyes congested, with photophobia; face flushed and feverish; agonising bearing down; abundant discharge; excruciating pain in loins and lower abdomen. Menstrual flow: too early and profuse; pains down thighs; scanty and retarded. Constant headache < during menses, at which time she also suffered agonising pains in pelvic region.

Magnesium Phosphoricum¹³: Menses: early; flow dark, stringy; pains before, when flow begins (Lach., Zinc.); pains darting, like lightning, shooting, < right side, > by heat and bending double; vaginismus.

Borax Veneta¹¹: Menses too soon, profuse, with griping, nausea and pain in stomach extending into small of back. Membranous dysmenorrhea. Sterility. Favors easy conception. Sensation of distention in clitoris with sticking. Pruritus of vulva and eczema.

China Officinalis¹¹: Menses too early. Dark clots and abdominal distention. Profuse menses with pain. Desire too strong. Bloody leucorrhoea. Seems to take the place of the usual menstrual discharge. Painful heaviness in pelvis.

Lachesis Mutus¹¹: Menses too short, too feeble; pains all relieved by the flow (Eupion). Left ovary very painful and swollen, indurated Mammæ inflamed, bluish. Coccyx and sacrum pain, especially on rising from sitting posture. Acts especially well a beginning and close of menstruation.

Cyclamen¹²: Before menstruation (at night) labour-like pains; the abdomen was bloated and swollen on the previous day; the menstrual blood is black and clotted. Secretion from the swollen mammæ like milk. Menses suppressed.

Graphites¹²: Swelling and hardness of ovaries after menses.-Tearing, grinding, bursting in r. ovary, as if it would

burst, before and during menses. Sensation of bearing down towards the genital parts. -Catamenia too slow, too scanty, and too pale.-The first menses delay. Suppression of catamenia, with heaviness of the limbs and congestions of blood to the head.

Sabina¹¹: Menses profuse, bright. Uterine pains extend into thighs. Threatened miscarriage. Sexual desire increased. Leucorrhoea after menses, corrosive, offensive. Discharge of blood between periods, with sexual excitement (Ambr). Retained placenta; intense after-pains. Menorrhagia in women who aborted readily. Inflammation of ovaries and uterus after abortion. Promotes expulsion of moles from uterus (Canth). Pain from sacrum to pubis, and from below upwards shooting up the vagina. Hæmorrhage; partly clotted; worse from least motion. Atony of uterus.

Natrum Carbonicum¹²: Pressure in hypogastrium as if everything were bearing down towards genital parts, and were about to protrude (and menses would come on). Catamenia too early, with headache, sacral and abdominal pains.-Deficient menstruation in adults. Metrorrhagia. Deformity of cervix uteri. Excoriation at vulva, between thighs. Discharge of mucus from vagina, after coition (causing sterility). Profuse, thick, and yellowish, or fetid leucorrhoea, sometimes preceded by cuttings (ceasing after urination).-Motion as from foetus in uterus. (Conception appears to be promoted by the action of Nat c.). Expels moles, prevents false conception.-Labour pains weak or accompanied by anguish and sweat, with desire to be rubbed.

Nux Vomica¹²: Menses too early, lasts too long; always irregular, blood black (Cycl; Lach; Puls) with faint spells. Prolapsus uteri. Dysmenorrhea, with pain in sacrum, and constant urging to stool. Inefficient labor pains; extend to rectum, with desire for stool and frequent urination (Lil). Desire too strong. Metrorrhagia, with sensation as if bowels wanted to move.

Veratrum Album¹¹: Menses too early; profuse and exhausting. Dysmenorrhea, with coldness, purging, cold sweat. Faints from least exertion. Sexual mania precedes menses.

Helonias Dioica¹¹: Dragging in sacral region, with prolapse, especially after a miscarriage. Pruritus vulvæ. Backache after miscarriage (Kali c). Weight and soreness in womb; conscious of womb. Menses too frequent, too profuse. Leucorrhoea. Breasts swollen, nipples painful and tender. Parts hot, red, swollen; burn and itch terribly. Albuminuria during pregnancy. Debility attending the menopause.

Conium Meculatum¹¹: Dysmenorrhoea, with drawing-down thighs. Mammæ lax and shrunken, hard, painful to touch. Stitches in nipples. Wants to press breast hard with hand. Menses delayed and scanty; parts sensitive. Breasts enlarge and become painful before and during menses. (Calc. c.; Lac can.) Rash before menses. Itching around pudenda. Unready conception. Induration of os and cervix. Ovaritis; ovary enlarged, indurated; lancinating pain. Il effects of repressed sexual desire or suppressed menses, or from excessive indulgence. Leucorrhoea after micturition.

Conclusion: One of the most effective medications for the treatment of dysmenorrhea is homoeopathy. If homoeopathic treatment for dysmenorrhoea is continued

at recommended dosages while the patient's improvement is tracked.

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