



DYSMENORRHOEA AND HOMOEOPATHY

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ABSTRACT

Dysmenorrhoea, or painful menstruation, impacts a significant number of women globally, with prevalence rates soaring between 67% and 90% among young women. This condition is marked by severe lower abdominal cramps and various associated symptoms, greatly affecting women's quality of life. Conventional treatments, such as non-steroidal anti-inflammatory drugs (NSAIDs), have their limitations, prompting many to seek alternative therapies like homeopathy.

KEY-WORDS- Dysmenorrhoea, homoeopathy, repertory, therapeutics.

INTRODUCTION

Dysmenorrhoea, also known as menstrual pain, dysmenorrhoea, or cold sores, refers to pain during menstruation. Dysmenorrhoea is one of the most common gynaecologic issues faced by women seeking medical care. It is the term used for painful menstruation, characterized by either sharp, intermittent pain or dull, aching discomfort in the pelvis or lower abdomen.^[1,2]

Primary dysmenorrhoea occurs in otherwise healthy women and is not linked to any specific uterine or pelvic abnormalities; it primarily affects adolescent girls. In contrast, secondary dysmenorrhoea results from identifiable anatomical or macroscopic pelvic conditions, which may sometimes require surgical treatment.^[2,3]

➤ PRIMARY DYSMENORRHOEA

Painful cramps in the abdominal area that begin just before or at the beginning of menses, in the absence of any pelvic pathology, and is among the most common symptoms in young female and adults.^[3]

➤ SECONDARY DYSMENORRHOEA

It is obtained from pathological diseases such as endometriosis, pelvic inflammatory disease, adenomyosis, endometrial polyps, congenital uterus Endometriosis, pelvic inflammatory disease, adenomyosis, Cysts, congenital anomalies and intrauterine problems. It is associated with moderate or severe pain that does not necessarily occur during menstruation and usually occurs in older women (>24 years) without a history of menstrual dysmenorrhea.^[3,4]

• ETIOLOGY

Primary dysmenorrhea occurs without an underlying disease, but secondary dysmenorrhea has a specific cause, usually a disease affecting the uterus or other organs.^[3]

Excessive prostaglandins released by the uterus can cause cramps. Prostaglandins cause the muscles in the stomach to contract and relax, causing the cramps in abdomen. Cramps during menses often begin shortly after the first menstrual bleeding in young women.^[2,3]

Secondary menstrual pain is a type of pain caused by other conditions such as endometriosis, uterine fibroids, adenomyosis and polycystic ovary syndrome. Rarely, birth defects, internal organs, certain types of cancer, and intestinal infections can cause dysmenorrhoea. If the pain occurs during menses, lasts longer than the first few days of menstruation, or is not relieved by nonsteroidal anti-inflammatory drugs (NSAIDs) or hormonal contraceptives, this may indicate that there are other conditions causing the dysmenorrhoea. Membranous dysmenorrhea is a type of menses in which the entire endometrium sheds at once, over a period of more than a few days as usual.^[2,3]

● PATHOPHYSIOLOGY

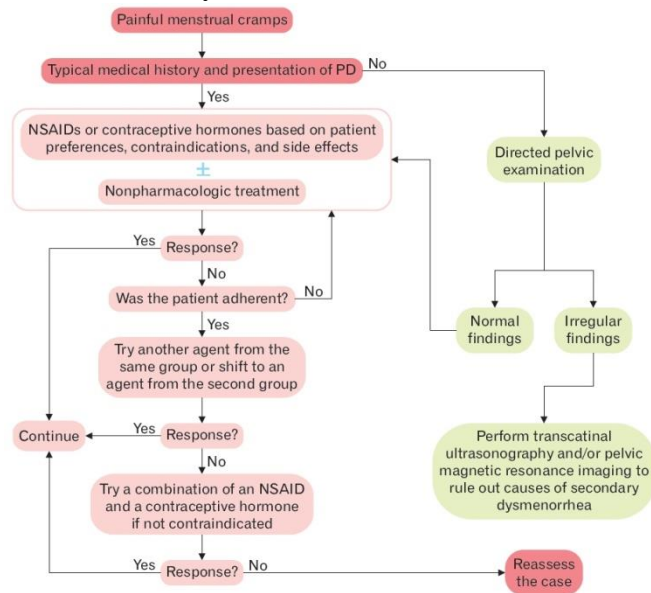
The etiology and pathophysiology of spasmodic dysmenorrhoea remain complex and not fully understood, but several contributing factors have been identified:

1. **Hormonal Influence:** Dysmenorrhoea is linked to hormonal stimulation of the uterus, particularly the role of progesterone. Pain typically occurs only during ovulatory cycles when progesterone is present, and it is absent in anovulatory bleeding.
2. **Prostaglandins:** Increased levels of prostaglandin F₂α (PGF₂α) in the endometrium lead to stronger uterine contractions and vasoconstriction, contributing to pain. This prostaglandin-mediated mechanism is supported by the effectiveness of prostaglandin inhibitors in alleviating symptoms.
3. **Uterine Ischemia:** Prolonged contractions and increased myometrial tone reduce blood flow to the uterus, resulting in ischemia and pain, similar to angina pectoris in terms of pain mechanisms.
4. **Leukotrienes:** These inflammatory mediators may increase pain sensitivity in the uterus, especially in cases where prostaglandin antagonists are ineffective.
5. **Vasopressin:** This posterior pituitary hormone may contribute to myometrial hypersensitivity and reduced uterine blood flow, potentially influencing prostaglandin release.
6. **Neuronal Mechanisms:** Hypoxia and anaerobic metabolism in the ischemic endometrium stimulate type C pain fibers, further contributing to the pain experienced during dysmenorrhoea.
7. **Psychological Factors:** Behavioral and psychological factors, such as anxiety and a low pain threshold, may exacerbate the condition. Higher incidences are noted among women with neurotic traits or those who are introspective.
8. **Neurogenic Sensitivity:** A heightened sensitivity of the uterine nerves may result from various psychosomatic influences, concentrating pain stimuli on the uterus during menstruation.^[2,4,5]

Risk Factors for Severe Dysmenorrhoea:

1. Earlier age at menarche
2. Long menstrual periods
3. Heavy menstrual flow
4. Smoking
5. Positive family history of dysmenorrhoea
6. Obesity
7. Alcohol consumption^[4]

Understanding these mechanisms and risk factors can guide treatment approaches and help manage symptoms more effectively.



Pathophysiology of dysmenorrhoea

- **SYMPTOMS**

The main symptom of menstruation is pain in the abdomen or pelvis, which also occurs on the right or left side of the abdomen. It can spread to the thighs and back. Symptoms that often accompany menstruation include nausea and vomiting, diarrhea, headache, dizziness, disorientation, confusion, and fatigue. symptoms usually begin right after ovulation and can last until the end of your period. This is because menstrual pain is often associated with changes in hormones in the body during ovulation. Using some birth control pills can prevent menstrual pain because they prevent ovulation from occurring. Research also shows that pregnancy may reduce the severity of menstrual cramps during menses. 5-15% of women with dysmenorrhoea experience symptoms severe enough to interfere with daily activities.^[1,3,5]

- **DIAGNOSIS**

Menstrual cramps are often diagnosed from a history of menses that interfere with daily activities. additional examinations and tests may be performed, such as:
Gynecological ultrasound
Laparoscopy^[1,5]

- **HOMEOPATHIC APPROACH**

1. **Magnesium Phosphoricum**

Symptoms: Phosphate of magnesia is one of the most suitable remedies for the management of muscle cramps, especially those that are associated with radiating pain. It also helps treat the following symptoms:

Severe abdominal pain during pregnancy, Pus discharge during early pregnancy

Vaginal swelling, Pelvic muscle spasms.^[6,7]

2. **Belladonna**

Menses bright red, too early, too profuse. Menses and lochia very offensive and hot. Cutting pain from hip to hip. Ovarian pain with appearance of menses. Flow of blood between periods. Dragging around loins. badly smelling haemorrhages, hot gushes of blood. Diminished lochia.^[7,8]

3. **Chamomilla**

Dysmenorrhoea from anger or emotions. membranous dysmenorrhea, especially at puberty. Profuse discharge of clotted, dark blood with labor like pains. Menstrual cramps with a lot of pain and irritability. Patient intolerant of pain. Yellow, acrid leucorrhoea.^[6,8]

4. **Gnaphalium polycephalum**

used to treat sciatica, especially when the patient experiences numbness in the affected area. It can also be used to treat the following symptoms:

Cramping and pain in the feet and abdomen, Feeling of heaviness and fullness in the abdomen, Pain during pregnancy, less bleeding, Vomiting, Pain in the abdomen various parts of the stomach.^[6,7,8]

5. **Gelsemium Sempervirens**

Symptoms: Yellow Jasmine is a good medicine for treating fatigue, chills, tiredness and cold. It can also be used to treat the following symptoms:

Pain during menstruation, Pain in the abdomen, back and hips, Feeling that the uterus is compressed, Back, hips and legs, Arms and legs Muscle tremors, weakness and cramps < rainy and foggy weather, >by open air, bending forward and urination.^[7,8]

6. **Cimicifuga Racemosa** – Menses profuse, dark, coagulated, offensive with backache, nervousness, irregular in time and amount, more flow, more pain menses suppressed from menses. Hysterical or epileptic spasms at the time of menses. Great debility between menses. Pain across the pelvis, from hip to hip. After-pains with great sensitiveness and intolerance to pain. Infra-mammary pains, worse left side. Pain in the ovarian region; shoots upward and down the anterior surface of thighs. Pain immediately before menses.^[6,8]

7. **Pulsatilla** – Dysmenorrhoea beginning in puberty. Dysmenorrhoea, with chilliness, paleness of face, stretching and yawning. During menses, fainting, nausea and vomiting, sour slimy taste. Chilliness, nausea with a downward pressure and pain, tardy menses. Flow intermits. Diarrhea during or after menses. Uterine cramps, compelling her to bend double.^[6,8]

8. **Coffea Cruda**

Symptoms: Unroasted coffee is mainly used to manage joint pain and pain in muscles. Also use for, Early and prolonged periods, release of large black clots in the menstrual blood, < night, in open air, on exposure to noise and strong odours. >by lying down and warmth.^[6,7,8]

9. **Cocculus Indicus**

Symptoms: Indian cockle is effective in the management of painful contractures in periods.. Also use for, Pain during menstruation with dark-coloured blood, Clots are present in blood, Low feeling in the body, Leucorrhoea with menstruation, Pain in lower abdomen <in the afternoon, post-meals, due to smoking, noise, and swimming.^[8]

10. **Collinsonia Canadensis**

Symptoms: This medicine can help in the management of dysmenorrhoea by treating the following symptoms: Inflammation in genitals, Constipation, Cold feeling in thighs after periods. The symptoms worsen from cold and slightest emotional or mental excitement while they get better by heat.^[7,8]

REPERTORIAL VIEW

Rubrics in various repertories of dysmenorrhea

KENT'S REPERTORY ^[9]	SYNTHESIS ^[10]	J.H. Clarke Repertory ^[11]
GENITALIA- FEMALE- MENSES- painful, dysmenorrhoea: <i>acon., am-c., ars., Bell., berb., bor., Cact., cal., Calc-p., caul.,</i>	Female genitalia/ sex- Menses- painful: (pain; Pain- uterus – menses – during –	CLINICAL, Dysmenia, or Dysmenorrhoea: Acon, Agar, Alet, Anac, Antipyrin, Aran, Art-v, Asar, Asc-I, Berb, Brach, Brom, Cact, Caul,

<i>caust., Cham., cic., Cimic., coc., coff., coloc., con., croc., cycl., dios., dulc., gel., graph., helon., ign., kali-ar., Kali-c., kali-i., kali-p., kali-s., lac-c., lach., lap-a., lil-t., lyc., med., meli., merc., merl., nat-c., nux-v., phos., plat., Psor., puls., rhus-t., sabin., sec., senec., sep., sulph., tub., verat., xan.</i>	agg.) (1132): Am-c, Bell, Cact, Calc - p, Cham, Cimic, Cocc, Erig, Kali-c, Mag-p, Mill, Psor, Ust, Verat-v, Vib, Xan.	Cer, Cham, Chins, Coll, Coloc, Croc, Crot-h, Cur, Dam, Dios, Gels, Gnaph, Goss, Graph, Guai, Haem, Hedeo, Helon, Helon, Hyos, Ign, iris, Jab, Juni-c, Kali-c, Kali-fcy, Kali-n, Kalm, Lac-c, Lac-f, Lap-a, Laur, Lob, Lyc, Macrin, Mag-m, Mag-p, Mag-s, Med, Meli, Merl, Mill, Mit, Mom-b, Murx, Naja, Nat-c, Nicc, Nux-m, Op, Petr, Phyt, Plb, Podo, Poyg-a, Pop-c, Raph, Rhus-t, Sabal, Sabin, Sang, Sapin, Sars, Senec, Sep, Sulph, Syph, Tanac, Tarent, Tere-ch, Ther, Thuj, Ust, Verat, Verat-v, Vib, Vib-p, Wye, Xan.
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PHATAK REPERTORY ^[12]	MURPHY REPERTORY ^[13]	BOERICKE REPERTORY ^[8]
MENSES – Painful, dysmenorrhoea(263): Bell; Cact; Calc; Calc-p; Caul; CHAM., Cimi; Coel; Con; Cup; Dios; Grap; Kali-c; Lyc; Med; Nux-m; Plat; PUL; Psor; Sep; SUL; Tub; Ver-a; VIB; Xanth; Zin-val.	DYSMENORRHOEA, painful menses (765): AM-C., BELL., CACT., CACL-P., CHAM., CIMIC., COCC., COLOC., CYCL., ERIG., IGN., KALI-C., MAG-P., MILL., NUX-V., PSOR., PULS., SABIN., SEP., SULPH., UST., VERAT-V., VIB., XAN.	DYSMENORRHOEA, Remedies in general (766): Apiol., Bell., Borx., Cact., Caul., Cham., Cimic., Cocc., Coff., Coloc., Gels., Gnaph., Guaj., Ham., Kali-perm., Macrot., Mag-c., Mag-p., Puls., Sec., Senec., Verat., Vib., Xan., Zinc.

CONCLUSION

Homeopathy is founded on consistent laws and principles that, once understood, can reliably guide case management and predispositions. It has developed as an experimental science through inductive reasoning, emphasizing precise observation, accurate interpretation, rational explanation, and scientific formulation. Homeopathic treatment is particularly effective for managing dysmenorrhoea. Homeopathic remedies provide quick relief from pain and enhance mobility, unlike long-term use of NSAIDs, which can lead to various side effects not associated with homeopathy. In treating dysmenorrhoea, a constitutional homeopathic approach should be combined with acute remedies as needed. Homeopathic medicines should be prioritized as the first line of treatment for dysmenorrhoea rather than relying on NSAIDs.

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