

Usefulness of Homoeopathic Medicines in the Cases of Dysmenorrhoea

Anamika Gupta, Simran, Riya Bhatt*, Purnima, Vaishali Trivedi, Shabnam Shah

Department of Homoeopathic Science, Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan 303122, India

Abstract

Dysmenorrhea is a very common gynaecological problem affecting 50% of cases. It mainly affects adolescence girls specially school going girls including age group 15-20 years. It affects daily activities of life and a high degree of absenteeism and severe economic loss. In primary dysmenorrhoea there is no pelvic pathology, while in secondary dysmenorrhoea there is gross pelvic pathology causes severe pain during menstruation. In primary dysmenorrhoea the pain is of spasmodic type and generally occurs generally 1st and 2nd day of menstruation. In secondary dysmenorrhoea pain the is of congestive type in presence of pelvic pathology such as ovarian cyst, uterine fibroids, PID, endometriosis, etc. It generally occurs 2 to 3 days before menstruation and slowly relieved by the onset of menstruation.

Homoeopathy is a system of medicine based on the law, "Similia Similibus Curentur" (Let like be treated by like). In homoeopathy, we take patient as a whole and treats on the symptoms similarity. There are so many medicines in homoeopathy for dysmenorrhea which gives good result gave relief to the patient which was selected on according to totality of symptoms.

Keywords: Homeopathy • Treatment • Dysmenorrhea • Repertory • Materia medica

Introduction

Homoeopathy is a system of medicine which works on the principle of "Similia Similibus Curentur" (Let Like be Treated by Like). This system of holistic healing was founded by Dr. C.F. Samuel Hahnemann a German physician and cherished in the minds of Dr. Herring, Dr. Kent, Dr. Boeninghausen, Dr. Farrington and many others to attain the present status.

In 1970 while translating Cullen's Materia Medica from the English to German, he came upon an idea which was to be the germ of this completely new system of medicine-Homoeopathy. Cullen was a professor of medicine at London University and had devoted twenty pages of his materia medica to the therapeutic indications of Peruvian bark and he attributed its success in the treatment of intermittent fever to the fact it was bitter and its tonic effects on stomach. Hahnemann was dissatisfied with these explanations so that he did something quite extraordinary; he took the medicine himself. Hahnemann says "I took by way of experiment, twice a day, four drams of good china". After continuing his experiment, he came to the conclusion the medicines cure diseases because they can produce similar diseases in healthy individuals.

Description

Dysmenorrhoea

Definition: Dysmenorrhoea is defined as difficult menstrual flow or painful menstruation. It refers to menstrual pain severe enough to limit activities of day to day life.

***Address for Correspondence:** Riya Bhatt, Department of Homoeopathic Science, Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan 303122, India; E-mail: briya308@gmail.com

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The term dysmenorrhoea is derived from the Greek words 'dys'= meaning difficult/painful/abnormal; 'meno'= meaning month; and 'rrhea'= meaning flow. Dysmenorrhoea means difficult menstruation the term is used to mean painful menstruation:

Classification

Dysmenorrhoea is classified as:

1. Primary (spasmodic)
2. Secondary (congestive)
3. Membranous
4. Ovarian

Primary dysmenorrhoea

Primary dysmenorrhoea is the commonest among the four types of dysmenorrhoea. It is usually defined as cramping pain in lower abdomen occurring at the onset of menstruation. Pain spasmodic type, where there is no pelvic pathology. It occurs in the first few years after menarche and affects up to 50% of post pubescent females. It generally occurs on 1st and 2nd day of menstruation. A pain which is of uterine origin and directly linked to menstruation but with no visible pelvic pathology. It is also called as true or idiopathic dysmenorrhoea.

Synonyms: Spasmodic, Intrinsic, Essential, Functional dysmenorrhoea.

Epidemiology: Primary dysmenorrhea is far the most common gynaecologic problem in young menstruating women. It is so common that many women fail to report it in medical interviews, even when their daily activities are restricted. Reported prevalence rates are as high as 90%.

Frequency: The peak incidence of primary dysmenorrhoea occurs in late adolescence and the early 20s. The incidence of dysmenorrhoea in adolescents is reportedly as high as 92%. The incidence falls with increasing age and with increasing parity. The prevalence and severity of in parous women were significantly lower. The incidence of dysmenorrhoea is affected by social status; occupation and age, so groups of school girls, college students, factory workers and women members of armed forces is provide different statistics [1].

Age: Primary dysmenorrhoea is predominantly confined to adolescent

girls. The most severe cases are seen between the age of 15 & 19. It is rare to encounter in women over the age of 35.

Aetiology:

Behavioural and physiological factors: Just before and during menstruation most women are less efficient physically and more unstable emotionally; these factors alone lower the pain threshold. A dysmenorrhoeic mother usually has a dysmenorrhoeic daughter. A girl who is an only child is more likely than most to suffer from dysmenorrhoea. It is very difficult to separate these factors and such factors may make dysmenorrhoea worse, even if they do not cause it. Marriage may cure by removing the tension of long engagement and may cure by providing happiness.

The following risk factors have been associated with more severe episodes of dysmenorrhoea

- Earlier age at menarche
- Long menstrual periods
- Heavy menstrual flow
- Smoking
- Positive family history
- Obesity
- Alcohol consumption

Clinical features: Primary dysmenorrhoea almost invariably occurs in ovulatory cycles. In primary dysmenorrhoea, the pain begins with the onset of menstruation (or just shortly before) and persists throughout the 1-2 days. The pain is described as spasmodic, cramping and with constant lower abdominal pain, which radiates to the back or anterior and/or medial thigh. Affected women experience sharp, intermittent spasms of pain.

Systemic symptoms like nausea, vomiting, diarrhea, fatigue, fever, headache 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.

It is usually said that spasmodic dysmenorrhoea is often cured by child birth.

Complications:

- Dysmenorrhoea may be misdiagnosed and underlying pathology missed if initial laboratory studies and physical examination with close follow-up care are not provided.
- Anxiety, depression, or both may result.
- Infertility secondary to underlying pathology is a possible complication.

Medical care:

- Grading dysmenorrhoea according to severity of pain and limitation of daily activity may help to guide the treatment strategy.
- In addition to pain relief, other mainstays of treatment include reassurance and education.

Surgical care:

- Surgery is generally not indicated for patients with primary dysmenorrhoea.
- In refractory cases of dysmenorrhoea, laparoscopic presacral neuroectomy has been efficacious in some patients for as long as 12 months after treatment.

Patient education:

- Symptomatic treatment with a warm bath or locally applied heat may provide relief.
- Exercise decreases the severity of menstrual cramps.
- Dietary supplementation with omega-3 fatty acids relieves pain in

adolescents. Both a low-fat vegetarian diet and fish-oil supplements have been reported to reduce menstrual pain in some women.

- Advice proper personal hygiene.
- Adequate rest, but in between she should be pre occupied by some work or study.
- Encourage patients to stop smoking and decrease alcohol use.
- Explanation of reproductive physiology and reassurance.

Secondary dysmenorrhoea

Secondary dysmenorrhoea is defined as menstrual pain congestive type, in presence of macroscopic pelvic pathology. This condition is most often observed in women aged 30-45 years. Some pathologic conditions are PID, IOCD, pelvic endometriosis, fibroids. It may also occur in women having varicosity of pelvic veins [2].

Aetiology: A number of factors may be involved in the pathogenesis of secondary dysmenorrhoea. The following pelvic pathologies can lead to the condition:

- Endometriosis and Adenomyosis
- Pelvic inflammatory disease
- Ovarian cysts and tumors
- Cervical stenosis or occlusion
- Fibroids
- Uterine polyps
- Intrauterine adhesions
- Congenital malformations (eg, bicornuate uterus, subseptate uterus)
- Intrauterine contraceptive device
- Transverse vaginal septum
- Pelvic congestion syndrome

Clinical features:

- The pain may be spasmodic type, or it may be congestive.
- Congestive dysmenorrhoea takes the form of a diffuse dull ache in the pelvis, often accompanied by backache, which may be the result of increasing tension in pelvic tissues associated with inflammation.
- The pain starts during 2 to 3 days before menstruation and is slowly relieved by the onset of menstruation.
- It is frequently associated with menorrhagia or polymenorrhoea and often forms part of the premenstrual syndrome.
- The backache element may be result of hormone influences on the joint of spine and pelvis.

Membranous dysmenorrhoea

Membranous dysmenorrhoea is usually rare. It involves the shedding of endometrium as a cast at the time of menstruation. It is accompanied by painful uterine cramps [3].

Ovarian dysmenorrhoea

In ovarian dysmenorrhoea the pain is felt for 2 or 3 days before menses in one or both lower quadrants in the areas innervated by the tenth thoracic to the first lumbar segments.

Treatment of Dysmenorrhoea on the Basis of Homoeopathic System of Cure

Homoeopathy, or Homoeopathy Medicine, is the practice of medicine that embraces a holistic, natural approach to the treatment of the sick.

Homoeopathy is holistic because it treats the person as a whole, rather than focusing on a diseased part or a labeled sickness. Homoeopathy is nature because its remedies are produced from natural sources, whether vegetable, animal and mineral kingdom, nosodes, sarcodes and imponderabilia have been describe in various literatures for the management of dysmenorrhoea [4].

Abroma Augusta

Dysmenorrhoea, irregular menses with severe pain of the pelvis. Patient lacks energy to leave the bed. Acts as a sedative.¹

Abrotanum

Darting & twitching in both ovaries with dysmenorrhoea, ravenous hunger and losing flesh while eating well.

Aconitum napellus

Maniacal fury on the appearance of menses, Stitching pains move to right of fundus uteri, sharp shooting pains, abdomen exceedingly sensitive. Labor-like pressing in womb, uterine haemorrhage active. Much excitability, giddy, cannot sit up, anxiety, fear of death. Pains are intolerable, driving to desperation. The pains are tearing, cutting, attended with restlessness, numbness, tingling, or formication. Cannot bear the pain, cannot bear to be touched and cannot bear to be covered.

Belladonna

Pain in sacrum. Menses bright red, too early, too profuse. Cutting pain from hip to hip. Pain comes & goes suddenly, congestion with red face.

Before the catamenia, fatigue, colic, loss of appetite and confused sight. During the catamenia, nocturnal sweat on the chest, with yawning and transient shivering, congestion, throbbing of brain & carotids, colic, burning thirst, sharp and cramp-like pains in the back and in the arms. Menstrual discharge, feeling very hot like the sealing-wax.

Calcarea carbonica

Before menses: headache, colic, chilliness and leucorrhoea. Menses too early, too profuse, too long, with vertigo, toothache and cold, damp feet; the least mental excitement causes their return. Burning and itching of parts before and after menstruation; in little girls. Breasts tender and swollen before menses. Leucophlegmatic, obese, desires eggs, sweats profusely [5].

Calcarea phosphorica

Dysmenorrhoea in rheumatic patients, labour-like pains. Menses too early, excessive and bright in girls. If late, blood is dark; sometimes, first bright, then dark, with violent backache.

Girls at puberty, emaciated, pains <when thinking about them.

Caulophyllum

Dysmenorrhoea, with pains flying to other parts of body.

Erratic pains changing place every few minutes. Pains are intermittent, paroxysmal, spasmodic. Chorea, hysteria or epilepsy at puberty, during establishment of menstrual functions.

Before menses: pain in small of back, great aching and soreness of lower limbs, bitter taste, vertigo, chilliness, flow very scanty, blood very light, with intense nausea and vomiting of yellow bitter matter, pain unremitting for several hours, habitual cold feet became warm.

Causticum

Difficult first menstruation. During menses no blood is passed at night. Before the catamenia, melancholy, sacral pains and colic. During catamenia, pains in the loins, cuttings and paleness in the face, yellowness of the face, vertigo. Rawness & soreness, sympathetic.

Chamomilla

Spasmodic dysmenorrhoea with great impressionability & fretfulness.

Pain: seems unendurable, drives to despair; < by heat; < evening before midnight; with heat, thirst and fainting with numbness of affected part; eructation <. One cheek red and hot, the other pale and cold. Oversensitive to open air; Toothache during menses. Complaints from anger.

Uterine haemorrhages. Profuse discharge of clotted, dark blood, with labour-like pains. Patient intolerant of pain.

Coffea

Dysmenorrhoea, large clots of black blood. Hypersensitive vagina.

Ailments from bad effects of sudden emotions or pleasurable surprises exciting or bad news. Pains are felt intensely; seem almost insupportable, driving patient to despair, tossing about in anguish.

Colocynthis

Agonizing pain in abdomen causing patient to bend double, with restlessness, twisting and turning to obtain relief > by hard pressure. Menses, suppressed by chagrin, colicky pains.

Boring pain in ovary, wants abdomen supported by pressure. Bearing down cramps.

Conium maculatum

Dysmenorrhoea, with drawing-down thighs. Breasts enlarge and become painful. Rashes before menses. Vertigo when lying down or turning in bed.

During catamenia, cramps in the uterus, with pinching or contracting, accompanied by tension in the abdomen and shootings extending into the left side of the chest.

Euphrasia

Menses painful; flow lasts only an hour or day; late, scanty, short.

Graphites

Menses too late, with constipation; pale and scanty, with tearing pain in epigastrium. Hoarseness, coryza, cough, sweats and morning sickness during menstruation.

Hypericum

Menses too late, headache, sickening pain in abdomen, sensitive to noises. Tension in region of uterus, as from a tight bandage.

Kalium carbonicum

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.

Lachesis

Menses at regular time, too short, too feeble; pains all relieved by the flow. Acts especially well at beginning and close of menstruation. Pains begin on the left & goes to right. Great sensitiveness to touch. Loquacious, jealous women.

Menstrual colic, beginning in left ovary. On the appearance of the catamenia, sacral pains, with pain as of a fracture in hips and chest.

Lycopodium

During menses: delirium, with tears, headache, pain in loins, swelling of feet, fainting, vomiting of sour matter, colic and pain in the back. Menstruation too late, lasts too long, profuse, protracted, with labour-like pains followed by swooning, with sadness. Upper part of the body emaciated, lower semi dropsical. Excessive flatulence, < 4-8 pm, thirst for warm drinks [6].

Magnesia phosphorica

Menstrual colic, membranous dysmenorrhoea.

Menses: early; flow dark, stringy; pains < before, > when flow begins. Pains darting, like lightning, shooting, < right side, > by heat and bending double.

During painful menstruation, it is quicker in its action than any other remedy for dysmenorrhoea of the neuralgic variety.

Medorrhinum

Menses profuse, dark, clotted, stains difficult to wash out, urinates frequently at that time. Sensitive spot near os uteri. Ovarian pain, worse left side, or from ovary to ovary. Breasts cold, sore and sensitive during menses.

Intense menstrual colic, with drawing up of knees and terrible bearing down labour-like pains; must press feet against support, as in labour. < sunrise to sunset.

Natrum muriaticum

Hot during menses. Great emaciation, losing flesh while eating well. Anaemic & cachectic. Tongue mapped, craves salt.

Headache before, during and after catamenia. Before catamenia, moroseness and irritability. At commencement of catamenia, sadness. During catamenia, cramps in abdomen.

Natrum sulphuricum

Catamenia scanty, retarded, with colic and suppressed stools, or hard faeces. Headache and epistaxis, during catamenia.

Nux vomica

Menses too early, lasts too long; always irregular, blood black with faint spells. Dysmenorrhoea, with pain in sacrum and constant urging to stool. Irritable, quarrelsome, nervous, over sensitive.

During the catamenia, spasmodic colic, nausea and vomiting in morning, great fatigue, attacks of faintness, cephalalgia, with shivering and rheumatic pains in limbs. During and after menstruation, appearance of new and worse of old ailments.

Pulsatilla

Derangements at puberty; menses, suppressed from getting the feet wet; too late, scanty, slimy, painful, irregular, intermittent flow, with evening chilliness; with intense pain, changeable, comes suddenly and goes gradually, great restlessness and tossing about, flows more during day. Delayed first menstruation. Mild, gentle, weeping disposition, fair complexion.

Catamenia with colic, hysterical spasms in abdomen, hepatic pains, gastralgia, pain in loins, nausea and vomiting, megrim, vertigo, tenesmus of anus and bladder, stitches in side and many other sufferings before, during, or after period. Diarrhoea during menses.

Sepia

Spasmodic colic before menses. During menses: irritability, melancholy, toothache, headache, nose-bleed and painful weariness in limbs, or pressure

towards the parts. Must cross her limbs to prevent protrusion of the parts. Yellowness of face. Great sadness & weeping, indifference, sensitiveness to cold air. Sensation of ball in inner parts, during menses.

Veratrum album

Neuralgic menstrual colic with mania, violent delirium & headache.¹⁴ Dysmenorrhoea: with vomiting and purging, or exhausting diarrhoea with cold sweat, is so weak can scarcely stand for two days at each menstrual nisis. < Least exertion.

Zincum metallicum

Dysmenorrhoea, limbs feel heavy, with violent drawing about knees, as if they would be twisted off; sudden oppression of stomach, she has to loosen her dress; chilliness. Cerebral & nervous exhaustion, defective vitality, fidgety feeling in feet.

Conclusion

Dysmenorrhoea is a very common problem in most of the adolescent girls by which daily routine works are affected. The medicines which are already mentioned above are very useful and effective in all the types of dysmenorrhoea i.e. primary, secondary, membranous and ovarian dysmenorrhoea and these medicines are selected on the basis of totality of symptoms.

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None.

Conflict of Interest

No potential conflict of interest was reported by the authors.

References

1. Banerjee, Prossad. "Materia medica of Indian drugs." (1977).
2. Clarke, John Henry. "A clinical repertory to the dictionary of materia medica: Together with repertories of causation, temperaments, clinical relationships, natural relationships." B Jain Publishers (1975).
3. Neatby, Edwin Andas. "A manual of homoeopathic therapeutics." B Jain Publishers (2001).
4. Boericke, William. "Pocket Manual of homoeopathic Materia medica & repertory: Comprising of the characteristic and guiding symptoms of all remedies (clinical and Pathogenetic [sic]) including Indian drugs." B Jain Publishers (2002).
5. Hering, Constantine. "The guiding symptoms of our Materia medica." B Jain Publishers (1974).
6. Burt, William H. "Characteristic Materia medica." *Boericke Tafel* (1873).

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