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Comparative study of sepia, pulsatilla, belladonna, cimicifuga for dysmenorrhoea

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Abstract

Dysmenorrhoea: Dys – painful; menorrhoea – menstrual flow. In general Dysmenorrhoea is referred as painful menses or periodic pain. Dysmenorrhoea is experienced by almost all the females at one or the other phase of their reproductive life. The type, location, intensity differs from each individual and also at different episodes in the same person.

Hence, the management for such condition should be planned for each female separately. Homoeopathic management is the better option for the treatment due to the concept of individualisation. The treatment can be planned with acute totality to relieve the pain or on constitutional basis for Dysmenorrhoea of long duration or with any pathological causes.

Keywords: Dysmenorrhoea, menses, uterus, spasms, colics, homoeopathic management

1. Introduction

Dysmenorrhoea as the term refers to painful menstruation is experienced by almost all the females at one or other time in their life. It is a condition which disturbs the routine activities of a daily life.

2. Prevalence: There are many studies done on Dysmenorrhoea in relation to type, age, intensity, mode of treatment, risk factors and clinical features. In totality it is evident that around 95% of the females worldwide suffer with Dysmenorrhoea ^[1]. The highest population is of the adolescent age group with 42% ^[1]. The incidence is found to be higher in females with low BMI.

3. Classification: Primary and secondary

4 Primary: The pain seen in early reproductive life usually with an ovulatory cycles and without any pelvic pathology. The psychological and behavioral factors like fear, anxiety, stress or attention seeking could be a cause of Dysmenorrhoea. The most important cause of primary Dysmenorrhoea is the inordinate action of the uterine muscles influenced by the high levels of progesterone, excess of prostaglandins and vasopressin ^[2]. The higher incidence is between the age group of 18 to 24 years.

Primary Dysmenorrhoea can also be seen in premenopausal females experiencing anovulatory cycles.

4.1 Secondary: The pain is associated with any pelvic pathology like PID, endometriosis, fibroids, Ca endometrium, ovarian tumours etc. It is more commonly seen in mid or late reproductive aged females.

5. Clinical features

5.1 Primary Dysmenorrhoea: Pain usually starts with onset of menses or few hours before the onset of menses and reduces within 18-24 hours.

Colicky pain often described as spasmodic dysmenorrhoea is the typical pain experienced by the patients. The pain is localized in the lower abdomen and may extend to the back or thighs. The pain when severe compels the patient to bend forward with transient relief by the pressure over the hypogastric region.

With severity of the pain nausea, vomiting or diarrhea, headache or fainting could be present. Abdominal and pelvic organs are found to be normal on examination.

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5.2 Secondary Dysmenorrhoea: Commonly seen due to pelvic pathology, there is premenstrual pain 7-8 days before the onset of menses and reduces with the onset of menses.

Pain is dull in nature, localized in lower abdomen without any radiation.

Systemic symptoms are usually not seen in this condition.

The patient may speak about pain even in between the periods.

In most of the cases the pathology is detected on abdominal and pelvic examination.

6. Management: Routine blood and urine examination may not always reveal the cause but may help for the general assessment of the individual. Abdominal USG, transvaginal sonography are the most needed investigations by which the cause of the pain could be identified in most of the cases. In certain individuals assessment of the hormones, laparoscopy or HSG may be necessary. CT and MRI may be the choice to diagnose congenital malformations of the FRO.

6.1 General management: Diet of nutritional food, maintenance of ideal weight, exercises, controlling the stress and anxiety are the initial steps to deal with the situation. For the married females it is advised not to delay the pregnancy. IUCDs should not be the choice of contraception.

6.2 Specific management

6.2. a) Primary Dysmenorrhoea: During the episodes of severe colics symptomatic treatment is needed. Medicines to reduce the prostaglandin levels or the control of progesterone levels need to think for the severe pain. Such medicines usually need to be prescribed for a regular period of 6 months.

The need of surgical treatment is limited to those severe cases which fail to respond to the medical management. Dilatation of the cervix, presacral neurectomy are the preferred choices of surgical treatment but associated with post-operative complications.

6.2 b) Secondary Dysmenorrhoea: The treatment is to be planned more specific to the cause of pain. In cases of acute pains symptomatic approach is advised.

In most of the cases alternative therapies have given better results when the pain is experienced for repeated cycles. The same has been mentioned under Jeffcoat's principles of Gynaecology – Narendra Malhotra 8th International edition - p. 583.

6.2 c) Homoeopathic management: Homoeopathy is one of the most opted systems of medication in the management of Dysmenorrhoea. There are many studies which have shown the efficacy of Homoeopathic medicines for the treatment of painful menses^[3,4]. The plan of Homoeopathic treatment can be either constitutional approach or specific approach; depending upon the type, cause and intensity of the Dysmenorrhoea.

There is a big list of Homoeopathic medicines which can be considered when need to plan for the symptomatic treatment. The commonly used medicines are – Puls, Sep, Bell, Vib opulus, Sec cor, Sabina, Calc carb, Verat alb, Mag phos, Cham, Coloc, Mag carb, Cactus, Zinc met, Gels, Cimic, Kali carb, Calc phos, Med, Lil tig, Nux vom etc.

Here is a short comparison of the four important Homoeopathic medicines for the management for Dysmenorrhoea.

Sepia

Classification of Dysmenorrhoea

Secondary Dysmenorrhoea – spasmodic Dysmenorrhoea.

Ailments from

Fibroid uterus; retroverted uterus; prolapsed uterus.

Character of pain

- Spasmodic colic with pressure over sexual organs.
- Crampy colicky pain with bearing down sensation.
- Burning, shooting, stitching pain in the neck of the uterus.
- Burning and smarting pain at the vulva.
- Sensation of distension of the genitals.
- Severe bearing down sensation, must cross the legs in order to prevent the prolapse.

Modalities of pain: Relation of pain with menses.

Character of menses: Too early and too scanty menses.

Menses only in the daytime.

< indoors

Characteristic symptoms of the remedy: Offensive breath from mouth present all the time, absent only during menses.

Pulsatilla

Classification of Dysmenorrhoea: Primary and Secondary Dysmenorrhoea – congestive Dysmenorrhoea.

Ailments from: Congenital malformations of the uterus, PID, fibroid uterus; retroverted uterus; Prolapsed uterus.

Character of pain

Gripping, shifting pains as if from stones being present.

Sensation of weight and downward pressure in abdomen and sacral region.

Modalities of pain: > Bending forward.

Relation of pain with menses: Pain precedes the menses.

Character of menses: Delayed and dark menses or else early and pale watery menses.

Scanty menses.

Characteristic symptoms of the remedy

More severe the pains are, more chilly the patient feels.

Belladonna

Classification of Dysmenorrhoea: Primary and Secondary Dysmenorrhoea – congestive Dysmenorrhoea.

Ailments from: Pelvic congestion, PID, fibroid uterus.

Character of pain

- Dragging, cutting pain in the pelvis.
- Pain as if the pelvis as if pelvis is cut horizontally from back to front.

- Spasms of the cervical os, hot and tender cervix.
- Pain in the back as if it will break.
- Bearing down sensation in the pelvis, heavy sensation as if from a stone.

Modalities of pain

- < Morning.
- > Sitting erect.
- > standing erect.

Relation of pain with menses

Pain starts before menses. Reduces with the onset of menstrual discharge.

Character of menses

- Too early and too profuse menses.
- Offensive and clotted flow.
- Bright red discharges with dark clots.

Characteristic symptoms of the remedy

Throbbing pain with heat all over the body due to vascular congestion, inflammation.

Acuteness of the complaints, pains come and go suddenly.

Sensation as if all the pelvic organs will protrude out

Cimicifuga

Classification of Dysmenorrhoea

Secondary Dysmenorrhoea; congestive Dysmenorrhoea.

Ailments from

Fibroid uterus; retroverted uterus; prolapsed uterus; ovarian neuralgia.

Character of pain

Spasmodic pain and shooting pains, labour like pains flying from one hip to other. Pain radiated from low back to hips and down to thighs.

Indicated for uterine spasms where the pains shift from side to side.

Modalities of pain

Pain starts before menses and aggravates during menses;

- < Motion.

Paroxysmal pain

- > bending double, lying down.

Relation of pain with menses

Pain starts with the onset of menses, subsides with the stoppage of menses.

Tenderness in hypogastric region with intermittent uterine contractions.

Character of menses

Irregular cycles, too early and profuse or late and scanty.

Dark and coagulated discharges.

Characteristic symptoms of the remedy

Hysteria and delirium; tries to injure oneself.

Neuralgic pain like electric shock felt all over the body

Conflict of Interest

Not available

Financial Support

Not available

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