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## Dysmenorrhoea and its homoeopathic management

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### Abstract

Dysmenorrhoea is a quite common symptom presents most women in clinics. Primary dysmenorrhoea is mostly confined to adolescents without any pelvic pathology, & secondary dysmenorrhoea is associated with various pelvic pathology. Diagnosis is based on history, physical examination & ultrasound. This condition can be successfully treated with various homoeopathic medicines.

**Keywords:** Dysmenorrhoea, primary, secondary, homoeopathy, homoeopathic remedies

### Introduction

Dysmenorrhoea means painful menstruation. Pain during menstruation is considered a usual phenomenon which is tolerable & did not require any medical attention. But in some cases the pain is very severe & incapacitates the women from her day to day activities.

**Types:** [4, 7]

#### 1. Primary dysmenorrhoea

##### Definition

Primary dysmenorrhoea – No pelvic pathology is there.

##### Incidence

Occurrence of primary dysmenorrhoea of adequate magnitude is about 15 – 20%.

##### Patient profile

It is chiefly involved the adolescent girls. Usually it occurs within 2 years of menarche. Family history of dysmenorrhoea may present.

**Cause:** It is almost always restricted to ovulatory cycles & after pregnancy & vaginal delivery generally it gets cured. The pain is usually occurs due to uterine hypoxia & dysrhythmic contractions of uterus.

- **Psychosomatic factors:** Stress & apprehension of adolescence period lowers the pain threshold.
- **Abnormal anatomical & functional aspect of myometrium:** Increased activity of myometrium is an important mechanism of primary dysmenorrhoea.
- **Disparity in the autonomic nervous control of uterine muscle:** Over activity of the sympathetic nerves caused increased tonicity of the uterine muscle.
- **Role of prostaglandins:** Progesterone is responsible for synthesis of prostaglandins (PGE<sub>2</sub>, PGF<sub>2</sub>α) from the endometrium as a result of ovulation. PGF<sub>2</sub>α causes constriction of vessels in uterus, produces ischaemia of the uterine muscle. Due to increased synthesis of the prostaglandins or much sensitivity of the myometrium, there is increased Myometrial contraction.
- **Vasopressin, endothelins, Platelet activating factor (PAF):** They cause increased Myometrial contraction, ischaemia which causes pain.

##### Clinical features

- The pain usually starts several hours before or just after the flow & lasts for few hours or 1-2 days.
- Cramping pain in lower abdomen, back, spreading to legs.
- Some Systemic symptoms like nausea, vomiting, diarrhea, headache, fatigue

- May be associated.
- Abdominal or pelvic examination does not show any abnormality.

## 2. Secondary dysmenorrhoea (congestive)

### Definition

Pain during menstruation associated with pelvic pathology.

**Cause:** Pain occurs due to congestion in the pelvic organs before menstruation. Common causes are

- Endometriosis
- Adenomyosis
- IUCD in utero
- Uterine fibroid
- Endometrial polyp
- Chronic pelvic infection
- Pelvic adhesions
- Cervical stenosis

### Patient profile

The patients are usually around 30, parous women commonly affected.

### Clinical features

- Pain starts 3-5 days before menstruation & relieves with the starts of menstruation.
- Dull, aching pain in abdomen & back.
- There is no systemic symptoms unlike primary dysmenorrhoea.
- Abdominal or pelvic examination usually reveals the pathology.

### Investigation

- **Transvaginal sonography:** It can detect most of the pelvic pathology (fibroid, adenomyosis).
- **Saline infusion sonography:** Submucous fibroid, polyps
- **Laparoscopy (endometriosis, PID):** Useful for both diagnostic & therapeutic purposes.
- **Hysteroscopy:** Useful for both diagnostic & therapeutic purposes.

### Management & Treatment

General measures include improvement of general health & simple psychotherapy & assurance give some relief.

### Homoeopathic Management <sup>[6]</sup>

In homoeopathy, selection of medicine is based on the totality of symptoms of the individual case. However there are many medicines which frequently indicated in case of dysmenorrhoea <sup>[1, 2, 3, 5, 8, 9]</sup>.

#### 1. Actaea Racemosa

- Menses may be delayed or suppressed
- There is often an intense muscular aching preceding the menses.
- Rheumatic dysmenorrhoea. There is shooting, darting pains through the pelvis & a bearing down sensation.
- It is frequently indicated in hysterical epileptic condition at the menstrual period with hypochondriacal melancholia & congestive dysmenorrhoea.

#### 2. Belladonna

- Cramp or labor like pain, bearing down sensation as if

pelvic organ will come out

- Pain come on suddenly & usually short attacks with redness of face & eyes.
- Bleeding is profuse, bright red with clots.
- Associated with headache & heated sensation in head.

#### 3. Chamomilla

- Pain is unbearable, drives to despair.
- < From heat, evening before midnight, open air, anger.  
> from warm
- Patient is irritable, cross, aversion to talking, answers peevishly.

#### 4. Cocculus

- Cramping, cutting, pressing pain in pelvic region worse from every movement as of sharp stones.
- During menstruation patient is so weak, scarcely able to stand.
- Headache in nape & occiput, extending to spine with nausea at each menstrual period.

#### 5. Colocynthis

- Suppression of the menses due to anger.
- Abdominal pain causing patient to bend, relief > by strong pressure.
- Pain worse after eating or drinking.
- Patient extremely irritable, impatient.

#### 6. Magnesia phosphorica

- Menstrual pain relieved by pressure, heat & after beginning of flow.
- Menstrual flow dark, string & worse in the right side & before the bleeding
- Pains are sharp, cutting, lightning like in coming & going

#### 7. Pulsatilla Nigricans

- Menstruation delayed & scanty
- In dysmenorrhoea pains are violent with bearing down pressure in abdomen & sacral region.
- < Warm room & > in the open air.
- Patient is pale, anaemic, constantly chilly, tearful & yielding disposition.

#### 8. Sabina

- Menses early, profuse, prolonged; partly fluid & partly clotted
- Flow in paroxysms; with colic & labor like pains; pains from back to pubis.
- Pain worse from least motion.

#### 9. Secale Cornutum

- Menses: irregular; copious, dark fluid; with pressing, labor-like pains in abdomen; continuous discharge of watery blood until next period.
- Women of very lax muscular fibre; everything seems loose & open vessels flabby; passive haemorrhage.

#### 10. Sepia

- It is very useful medicine for dysmenorrhoea with scanty flow.
- Violent stitches upward in the vagina; lancinating pains from uterus to umbilicus.
- Pelvic pain & bearing down sensation, pain extends

- from other parts to the back, attending with shuddering.
- Sensation of a ball in inner parts.
- Chilly patient.

### Conclusion

Dysmenorrhoea due to any cause can be successfully cured by homoeopathic medicine selected on the basis of totality of symptoms of the case. By using the homoeopathic treatment the physician have frequently been able to remove the whole extent of diseases after examining it according to all the symptoms perceptible to the senses. And the cure was done without robbing the patient of his fluids & strength. Though it has a limitation in advanced stage of irreversible pathological changes. In that case symptomatic relief also can provide by the homoeopathic treatment.

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