

Primary Dysmenorrhea and Its Homoeopathic Therapeutics

Abstract-Primary dysmenorrhea, or painful menstruation in the absence of pelvic pathology, is a common, often debilitating, gynaecological condition. Primary Dysmenorrhea is defined as cramping pain in the lower abdomen occurring just before or during menstruation. Prevalence rates are as high as 90 percent. Initially presentation of primary dysmenorrhea typically occurs in adolescence. It is a common cause of absenteeism and reduced quality of life in women. Women with primary dysmenorrhea have increased production of endometrial prostaglandin, resulting in increased uterine tone and stronger, more frequent uterine contractions. The Problem is often underdiagnosed and undertreated. A diagnostic evaluation is necessary in patients with typical symptoms and no risk factor for secondary causes. In modern medicine non-steroidal anti-inflammatory drugs, the most common drugs used for its treatment, may cause some side effects. Most women self-medicate with over-the-counter drugs. Homoeopathic medicines are effective in treating primary dysmenorrhea. Homoeopathic medicines are given on the basis of symptom similarity. Homoeopathic medicines are not only able to relieve pain but also cure the tendency to have menstrual cramps. This article emphasis on incidence, aetiology, pathogenesis, clinical features and management of primary dysmenorrhea with discussion on homeopathic medicines indicated in this clinical condition.

Introduction-Dysmenorrhea literally means painful menstruation. A more realistic & practical definition includes cases of painful menstruation of sufficient magnitude so as to incapacitate day to day activities.

Types of dysmenorrhea-

•Primary •Secondary

•**Primary dysmenorrhea**: Refers to one that is not associated with any identifiable pelvic pathology. It is now clear that the pathogenesis of pain is attributed to a bio-chemical derangement.

•**Secondary dysmenorrhea**: Refers to the one associated with the presence of organic pelvic pathology, i.e. fibroids, adenomyosis, pelvic inflammatory disease (PID) and endometriosis.

•**Primary dysmenorrhea**-The epidemiology of

primary dysmenorrhea is difficult to establish since it is a symptom that is perceived differently by different women & also diversity in diagnostic criteria that is often used. It affects more than 50% post-pubescent women in the age group of 18-25 years with ovulatory cycles. The incidence of primary dysmenorrhea of sufficient magnitude with incapacitation about 15-20%. It usually appears within 2 years of menarche. The mother or her sister may be dysmenorrheic. It is more common amongst girls from affluent society. It is the most common gynaecologic complaint among adolescent & adult females.

•**Aetiology**-Although aetiology of dysmenorrhea is not fully understood but the cause of pain at, or around, the time of menses is believed to be due to the production of prostaglandins in the endometrium in an ovulatory cycle. There are some reports that indicate the levels of Prostaglandin F2α measured in menstrual fluid from tampons and found to be twice higher in the dysmenorrheic as against the non dysmenorrheic women. As a remedial measure significant beneficial effect of prostaglandin inhibitors is reported in patients with dysmenorrhea. Despite the evidence supporting a link between prostaglandin levels and dysmenorrhea, it is important to recognize that the explanation for menstrual pain is not as simplistic as the cyclic production of one hormone. Women with dysmenorrhea may have complex alterations in hormonal patterns that exist throughout the cycle.

In modern day practice we understand that though dysmenorrhea is proven to be a physiological disorder, psychological factor do play an important role. It is now believed that psychological factors modify pain or its intensity rather than causing it. Thus a severe recurring pain can easily cause depression in any women especially when it alters efficiency. Thus, girls with lower threshold for pain can be completely incapacitated in comparison to women with a higher threshold for pain.

Clinical features-The pain begins a few hours before or just with the onset of menstruation. The severity of pain usually last for few hours, may extend to 24 hours but seldom persist beyond 48 hours. The pain is spasmodic & confined to lower abdomen; may radiate to the back & medial aspect of thighs. Systemic discomforts like nausea, vomiting, fatigue, diarrhoea,

headache & tachycardia may be associated. It may be accompanied by vasomotor changes causing pallor, cold sweats & occasional fainting. Rarely syncope & collapse in severe cases may be associated

Examination and Investigation-Abdominal or pelvic examination does not reveal any abnormal findings. For detection of any pelvic abnormalities, ultrasound is very useful & it is not invasive.

Management-General measures include improvement in nutritional state and dietary changes, regular exercise, explanation regarding the condition & reassurance, psychotherapy.

Homoeopathic treatment-In modern medicine painkillers are given for painful menses. They don't have any lasting treatment for dysmenorrhea. Just because the problem is quite common, females tend to think that it is normal to have painful menses. The fact is that it is not normal. Menstruation is a physiological process. There is no need for it be painful. In case pain occur during periods, it needs to be treated. Homoeopathy is very effective in curing menstrual cramps. The best part of it is that the homoeopathic medicines are not only able to relieve pain, but also cure the tendency to have menstrual cramps. This means that after some time of treatment, the problem is completely cured. One is able to get rid of the problem permanently. The need to take painkillers no longer remains. There are numbers of drugs in our materia medica which we can use therapeutically. Some of these important medicines with their characteristics symptoms are as follows:-

•**Cimicifuga (Actaea racemosa)**: Patient complaints of pain in lower abdomen which usually start on the first day of menstruation. Pain persists until the flow ceases. The characteristics indication for this remedy in dysmenorrhea is pain flying across the pelvic region from one side to the other. All the mental as well as physical symptoms aggravated by menstrual flow is the important characteristic of Cimicifuga.

•**Caulophyllum**: Spasmodic and severe pains, which fly in all directions. Dysmenorrhea, with pains flying to other parts of the body. With spasmodic pain of dysmenorrhea the patient also complaints of spasm of stomach with dyspepsia.

•**Xanthoxylum**: Agonizing bearing-down, as if

everything would be pushed out; backache as if broken; pain starting in iliac crest and shooting down into knees, with no relief in any position; oppression of chest, with desire to take a deep breath.

•**Viburnum opulus**: This remedy produces sudden pain in the region of uterus before menstruation and much backache during menses. Spasmodic dysuria in hysterical subjects also calls for viburnum.

•**Belladonna**: The dysmenorrhea is intensely painful, the vagina is hot and dry and the pains are cutting through the pelvis in a horizontal direction, not around the body, as in Platinum and Sepia.

•**Magnesia phosphorica**: Menstrual colic, pains radiating from spine, during or preceding flow; vaginismus; ovarian neuralgia < on right side, > by external application of heat.

•**Colocynthis**: Several days before menses sharp, darting, paroxysmal pains in uterine region, bending her double, > by pressing on painful parts and by warmth, with extreme nausea and vomiting and cold feet; pain in left ovarian region as if the parts were squeezed in a vise-all ceasing on appearance of flow; on last day of menses pains return, < by eating or drinking.

•**Pulsatilla**: During menses: fainting; nausea and vomiting; sour slimy taste; great difficulty of breathing in a warm room; pressure in abdomen and small of back as from a stone, lower limbs go to sleep when sitting. Uterine cramps, compelling her to bend double.

•**Melilotus**: Menses painful and difficult, with nervous headache; sharp, shooting, sticking pains in external genitals only for a moment, but often recurring, with nausea and pelvic pain at the close of menses.

•**Veratrum viride**: Terrible dysmenorrhoea for several days before appearance of menses; pains extending all over the body; head and face bloodshot, pulsation in head, neck and carotids.

Conclusion-The above therapeutics medicines are used frequently in primary dysmenorrhea with good results. Other individualised homoeopathic medicines (similimum) can also be offer significant relief to the patients of primary dysmenorrhea.

References-1. Dutta's DC. Textbook of Gynaecology. New Delhi: Jay pee Brothers Medical Publisher (P) Ltd. 2016; 7:146-147.



2. Howkins & Bourne. Shaw's Textbook of Gynaecology. New Delhi: RELX India Private Limited Formerly Reed Elsevier India Private Limited. 2016; 16:471.
3. Omidvar S, Bakouei F, Amiri FN, Begum K. Primary Dysmenorrhea and Menstrual Symptoms in Indian Female Students: Prevalence, Impact, and Management. Global journal of health science. 2015; 8(8):53632. doi:10.5539/gjhs.v8n8p135.
4. Essentials of Gynaecology. New Delhi: Jay pee Brothers Medical Publishers (P) Ltd. 2011; 2:71.
5. Dr. Kulkarni S. Gynaecology & Obstetric Therapeutics. New Delhi: B. Jain Publishers (P) Ltd. 2008, 7-8.
6. Dewey WA. M.D. Practical Homoeopathic Therapeutics. New Delhi: B. Jain Publishers pvt. Ltd. 1993; 125-127.
7. Lilienthal S. M.D. Homoeopathic Therapeutics. New Delhi: B. Jain Publishers (P) Ltd; 2014; 22:725, 731, 734, 738.
8. Dr. Sharma H. 5 Best Homoeopathic Medicines for Painful Menses Internet. Available from: <https://www.homeopathic-doctor.co.in/5-best-homeopathic-medicines-for-painful-menses/>.
9. Boericke W. New Manual of Homoeopathic Materia Medica with Repertory. Third Revised & Augmented Edition Based on Ninth Edition 33th Impression. New Delhi: B. Jain Publishers (P) Ltd. 2014; 19(33):161.

Dr. Soham Bhatt, PG Scholar Part-2
Department of Case Taking and Repertory
Rajkot Homoeopathic Medical College
Parul University

Guided By-Dr. Madhuri Udmale
M.D (Hom), Associate Professor
Department of Case Taking and Repertory