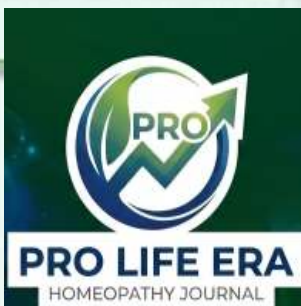




Primary Dysmenorrhoea and Its Homoeopathic Management

Dysmenorrhea literally means painful menstruation. The definition of dysmenorrhea is severe, painful cramping in the lower abdomen just before or during the menses. Dysmenorrhea can be classified as primary and secondary. Primary dysmenorrhea is recurrent lower abdominal pain that happens during the menstrual cycle and is not associated with other diseases or underlying pathology. Secondary dysmenorrhea is associated with suspected or clinically identifiable pathology.

Primary dysmenorrhea classically begins within about 2 years of menarche of once ovulatory cycles have been established. It is more often a diagnosis made in adolescents and young adults. The cyclic pain starts within a few hours of the onset of menses and usually resolves within 72 hours. The pain is located midline in the pelvis and may radiate to the lumbar area of the back or upper legs.

It may be crampy and episodic and is usually similar in each menstrual cycle. Concomitant symptoms may include nausea, vomiting, headaches, dizziness, fatigue, and sleep difficulties.

Primary dysmenorrhea (PD) is a common, disregarded, underdiagnosed, and inadequately treated complaint of both young and adult females. It is characterized by painful cramps in the lower abdomen, which start shortly before or at the onset of menses and which could last for 3 days.

Aetiology:-In primary dysmenorrhea cause of pain is unknown but the following are so important factors which are held to be responsible .the condition is probably multifactorial.

•Obstructive factor:- Spasmodic painful uterine contractions are set up by the retained blood within the uterus during menstruation which results from obstruction to the outflow of blood due to pinhole os or conical cervix .the factor fails to explain all cases of dysmenorrhea ;in most of them pain occurs even with normal uterus. This theory gives the basis of dilatation of the cervix in treatment.

Abnormal anatomical and functional aspect of myometrium. Uterine myometrial hyperactivity has been observed in cases with primary dysmenorrhea.

•Hypoplasia factor:-Inadequate uterine muscles need vigorous contractions to expel the menstrual discharge and as such set up painful contractions. Against this view is the fact that this factor is not always present.

•Muscle ischaemic factor:-The pain may be produced by uterine muscle ischaemia .The ischaemia is due to exaggerated contractions caused by the action of prostaglandin.

•Neurogenic factor:-Pain carrying autonomous nervous system of the uterus is upset.

•Psychological and social factor:-this possibly plays in most of the cases especially in women with low pain threshold .faulty sex education is also an important factor.

•Constitutional factor:-Impaired state of health, physical and mental exhaustion make the women prone to be conscious of pain.

•Prostaglandin:-Prostaglandin f2α liberated by endometrium causes myometrial spasm and pain. Prostaglandin is found higher in menstruating uterus in dysmenorrhea. Excessive endometrial prostaglandin is now considered to be the cause of pain in most if not in all cases.

Pathophysiology:- Although the pathophysiology of dysmenorrhea has not been fully elucidated, current evidence suggests that the pathogenesis of dysmenorrhea is due to the increased secretion of prostaglandin F2α (PGF2α) and prostaglandin E2 (PGE2) in the uterus during endometrial sloughing. These prostaglandins are involved in increasing myometrial contractions and vasoconstriction, leading to uterine ischemia and production of anaerobic metabolites. This results in the hypersensitisation of pain fibres, and ultimately pelvic pain. Females with regular menstrual cycles have elevated endometrial prostaglandin levels during the late luteal phase.

Clinical Features:-Symptoms may include

•Cramping pain in the lower abdomen

•Low back pain, •Headaches

•Pain spreading down the legs

•Nausea, •Vomiting, •Diarrhoea

•Fatigue, •Weakness, •Fainting

Signs:-Patient may be in poor state of health and anxious state of mind.

Diagnosis:-Primary dysmenorrhea may be diagnosed based on the typical history alone. Pain begins just before or at the start of menstrual bleeding. It is cyclic and begins with the onset of ovulatory cycles, usually within 2 years of menarche. Pain peaks at 23 to 48 hours after the onset of bleeding and usually lasts no more than 72 hours. This is essentially based on symptoms and signs and excluding the causes of secondary dysmenorrhea.

Investigations:-History-a) Age and social history (occupation and marital status) of the Patient. b) History of onset character, site, duration, radiation of pain should be thoroughly enquired. Any other associated symptoms apart from pain should be taken in to account. c) Menstrual history d) History of any psychological disturbance especially following marital relation should be also noted. e) Family history of dysmenorrhea in mother or sister or any friend is to be enquired.

•General examination:-general health-poor health goes in favour of spasmodic dysmenorrhea. Psychological makeup with pain threshold of the patient should be assessed.

Management:-

Prevention:-Proper sex education to the girls starting menarche is important. Health promotion by adequate food, clean drinking water, rest, primary health care is mandatory for thin girls.

Curative:-•During the attack of pain during menses a) Adequate rest b) Bowels should be regularly opened by laxatives. c) Proper personal hygiene should be taken by daily bath. d) Analgesics anti prostaglandin and antispasmodic-aspirin 300 mg one or two tablets. Aspirin acts as antiprostaglandin by inhibiting PG synthetase enzymes.

Mefenamic acid found effective antiprostaglandin by inhibiting its synthesis as well its action.

•In between painful menses:-a) The general health of the patient is improved on good diet, open air exercise. Anaemia is corrected. b) The psychogenic factor is to be removed by suggestion and persuasion. c) Hormone therapy .this can relieve pain during menses; patient being relieved of pain under the therapy can experience less pain even without the therapy. Oestrogen and progesterone .the purpose of this therapy are following:-i) It prevents ovulation by inhibiting pituitary gonadotropins and results in painless an ovulatory menses. ii) It reduces prostaglandin content of bleeding endometrium and thus Ischemia. iii) It may help in the development of the uterus if it is hypoplastic.

Homoeopathic Medicines-

•Belladonna : Dysmenorrhea of belladonna is congestive and neuralgic type. There is violent bearing down sensation, as if everything would issue out. The blood is bright red, hot and offensive with clots of dark decomposed blood. Menses are early and copious. The patient is extremely sensitive and cannot bear touch , pressure or jerk. There is pain in ovarian region at the onset of menses. Painful menstrual cramps with spasmodic contractions of the uterus.

•Chamomilla: The pain is neuralgic type with drawing, clawing pain from back towards front. Menorrhagia with black clots, profuse with coldness of limbs. Membranous dysmenorrhea especially at puberty. Dysmenorrhea is caused by anger or emotions. Menstrual cramps with lot of pain and irritability.

•Colocynthis : It is suited to women of sedentary habits, blondes with copious menstruation. Suppression of menses from indignation. Menses increased and too frequent. Dysmenorrhea is worse by eating or drinking. Bearing down cramps with boring down pains in ovary. Must bend double with great pain and restless to get relief. Wants

abdomen supported by pressure. She experiences sharp, gnawing, darting pains in stomach with extreme nausea and vomiting. Symptoms are relieved at the onset of menses.

•Sepia: Menses usually appear late every month, and are usually scanty, sometimes last only a day. Menses is preceded by violent aching in abdomen which causes faintness, chilliness and shuddering. The patient is sad, morose and despondent during menses. Dysmenorrhea is accompanied by toothache, headache, discharge of plugs from nose =, pain in tibia, epistaxis and colicky pains. There is bearing down pains in uterus, with sense of lump or ball in anus, not relieved by evacuation. The patient is never well since puberty, child birth and after weaning. There is dryness of vagina and vulva after menses.

•Pulsatilla nigricans : It is pre-eminently a female remedy, especially for mild, gentle, yielding disposition with weeping tendency, can hardly narrate her symptoms without weeping. Menses are delayed at puberty. Menses are intermittent, irregular, vicarious, too late, scanty, flow is clotted and changeable and is more during day while walking about. Dysmenorrhea since puberty. It is accompanied with chilliness, paleness of face, stretching and yawning. getting feet wet. Painful menstruation with great restlessness, the patient tosses in every possible directions.

•Ignatia: Menses, too early, too profuse, or scanty. During menses great languor, with spasmodic pains in stomach and abdomen. Mentally & physically exhausted by long concentrated grief. During the catamenia, heaviness, heat, and pain in the head, photophobia, colic, and contractive pains, anxiety, palpitation of the heart, and great fatigue, even to fainting. Cramp-like and compressive pains in the region of the uterus, with fits of suffocation. Hysterical nervous temperament.

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