



Homoeopathic Constitutional Medicines in the Treatment of Menstrual Disorders

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ABSTRACT:

Menstrual disorders are common health problems but with greater burden than any other gynaecological complaints. Menstrual disorders, like other parts of sexual and reproductive health are not involved in the Global Burden of Disease estimations. Nevertheless, these morbidities are reported as an important unmet area of reproductive health services for women worldwide including in developing countries. Menstrual problems are an important aspect of adolescent health, and because they are often unreported, it is critical to provide adequate attention and care. Neglecting menstrual problems at a young age has long-term consequences in terms of reproductive and sexual health, as well as mental health. Homoeopathic constitutional medicines can be useful if prescribed after considering the physical and psychological aspect of the patient.

Key Words-Homoeopathy, Menstrual Disorders, Constitutional Medicines

Introduction-

Menstrual disorders are most common class of problem that young women face during their reproductive years, the most prominent gynaecological sickness occurring during adolescent age group. This not only affects their family life but also the day-to-day activities, seldom affecting the quality and standard of life, as well the social and national economy. Menstruation is an episodic and repeated peeling of endometrium accompanied by loss of blood, it is a regular biological process in females of reproductive age that starts during puberty and may be accompanied by numerous symptoms. It started as assessment means for normal development and the exclusion of irrational situations. The normal menstruation starts at the age of menarche which is ranged between 9 and 15 years. The length of menstrual cycle is 28 to 32 days, duration of flow is 3 to 7 days, and the amount of blood flow per period is ≤ 80 ml. Menstrual disorders are one of the main difficulties facing women worldwide, greatly affecting the daily life activities of young women, and represents 1% of women's gynaecological appointment.

The common types of menstrual disorders are: Premenstrual Syndrome, Dysmenorrhea, Amenorrhea, Hypomenorrhea, Menorrhagia, Metrorrhagia, Menometrorrhagia, Polymenorrhea and Oligomenorrhea.

While most women experience menstrual discomfort or disruption during their reproductive life, more than 10% of young women are affected for up to three days due to monthly menstrual disorder and nearly 50% of them go through painful menstruation frequently. Besides that, abnormal uterine bleeding, which is one of dangerous menstrual disorders, affects about 5–15% of women of reproductive age.

Adolescent are the future of a country, so they must be qualified to become good future leaders and be responsible for improving the health and social and economic status of the country. Menstrual disorders are the common cause of anxiety morbidity in female life and can possibly have significant physical and emotional consequences among students; moreover, the stress of education causes emotional and physical discomfort during menstruation and leads to absenteeism from school or college, affecting the educational performance and attendance of students and hindering their practical growth. Studies about menstrual disorders reported that it affects the adolescent of academic performance in forms of lectures absence, loss of concentration and understanding, sleeping desire during lectures in addition to affecting their practical performance.

Various risk factors have been suggested to be associated with dysmenorrhea such as hormonal imbalance, failure to cope with stress, greater BMI, younger age of menarche, nutritional deficiencies, smoking or exposure to passive smoking, and lack of physical activity. Dysmenorrhea has negative physical and psychological consequences at school, university and work leading to absence, academic underachievement, and undermining quality of life. Several studies have been published on the prevalence of dysmenorrhea among female students and especially among female medical students since they are under a lot of academic pressure and have to attend hospitals at difficult times. Most of these studies reported high prevalence of dysmenorrhea among this category, it was found to be more than three quarters among technical secondary schools' girls, and medical college students.

Review of Literature-

The start of a woman's reproductive years is marked by menstruation. Without a basic understanding of menstruation, it is difficult, if not impossible, to begin a discussion of menstrual disorders.

Definition- Menstruation is the monthly shedding of a woman's uterine lining (more commonly known as the womb). The terms menses, menstrual period, cycle, and period are all used to describe menstruation. In response to the interactions of hormones produced by the hypothalamus, pituitary, and ovaries, menstrual blood—which is partly blood and partly tissue from the inside of the uterus—flows from the uterus through the cervix and out of the body through the vagina.^[1,2]

The menstrual cycle is a term that describes the events that occur within a woman's body each month as she prepares for the possibility of pregnancy. The first day of a period is considered the start of a menstrual cycle. The average cycle is 28 days long; however, cycles can last anywhere from 21 to 35 days.

The rise and fall of chemicals in the body called hormones trigger the steps in the menstrual cycle. At specific times during the menstrual cycle, the pituitary gland in the brain and the ovaries in the female reproductive tract manufacture and release hormones that cause the organs of the reproductive tract to respond in specific ways.^[3]

The specific events that occur during the menstrual cycle can be described as follows:

The Menses Phase: If no pregnancy has occurred, this phase, which typically lasts from day one to day five, is when the uterine lining is shed out through the vaginal canal.

The Follicular Phase: This stage usually lasts six to fourteen days. The level of the hormone oestrogen rises during this time, causing the uterine lining (called the endometrium) to thicken and grow. Another hormone, follicle-stimulating hormone, stimulates the growth of follicles in the ovaries. One of the developing follicles will mature into a fully mature egg between days 10 and 14 (ovum).

Ovulation: In a 28-day menstrual cycle, this phase occurs around day 14. The ovary releases its egg as a result of a sudden increase in another hormone, luteinizing hormone. Ovulation is the name for this process.

The Luteal Phase: This phase lasts from approximately day 15 to day 28. The egg begins to travel through the fallopian tubes to the uterus after it is released from the ovary. Progesterone levels rise to aid in the preparation of the uterine lining for pregnancy. The female becomes pregnant if the egg is fertilised by sperm and attaches itself to the uterine wall. If there is no pregnancy, the levels of oestrogen and progesterone diminish, and the thicker uterine lining is shed during the menstrual period.

Menstrual Disorders-

With each menstrual cycle, the endometrium (uterine lining) prepares itself to nourish a foetus. If fertilization doesn't occur, the body sheds the endometrium during the monthly (on average) cycle. In some cases, irregularity can occur in this cycle and indicating menstrual disorders.^[4]

The common types of menstrual disorders are:

- Premenstrual Syndrome (PMS),
- Dysmenorrhea (Painful Menstruation),
- Amenorrhea (Absence of Menstruation),
- Hypomenorrhea (Light Menstruation),
- Menorrhagia (Heavy Flow),
- Metrorrhagia (Intermenstrual Bleeding),
- Menometrorrhagia (Prolonged Excessive Irregular and More Frequent Menstruation),
- Polymenorrhea (Frequent Menstruation) And
- Oligomenorrhea (Infrequent Menstruation).

Adolescent girls face a gamut of problems of which the menstrual problems are the most common. Because menstrual problems are subtle, the problems often are unreported.

A study done at SRM Medical College Hospital and Research Centre, Kanchipuram district on Prevalence of Premenstrual Syndrome and Dysmenorrhoea among Female Medical Students and its Association with College Absenteeism showed the prevalence of dysmenorrhoea was 51% and that of the pre-menstrual syndrome was 67%.^[5] A cross sectional study conducted among school adolescent girls of classes five to twelve in the District Wardha, Maharashtra, Central India in 2009 showed a result of 22.1% of the study subjects had a menstrual cycle of length longer than 35 days and 8.38% adolescents had a menstrual cycle length shorter than 21 days. Among them 390 (69.52%) had a cycle length between 21 and 35 days.

^[6] Another study, a cross-sectional study of 194 unmarried female students studying in various degrees' level classes from undergraduate and postgraduate institutions from Mysore city explained the results of 11.9% of the participants had menstrual cycle length irregularity.^[7]

The study done by Amita Singh et al at Rewa, showed that the prevalence of menstrual disorders like irregularity, prolonged menstrual bleeding, heavy menstrual bleeding and Polycystic Ovarian Diseases were 7.47%, 10.28%, 23.36% and 3.73% respectively. The dysmenorrhoea, at times, the pain is severe enough that a girl has to miss school, college or her work. Dysmenorrhoea is the most common gynaecologic disorder among female adolescents, with a prevalence of 60% to 93%. In the United States, dysmenorrhoea is the leading cause of recurrent short-term school absenteeism.^[8]

In a cross-sectional study done by Santana et al, 389 post-menarcheal schoolgirls aged 13–19 years were selected using a cluster random sampling method. Of these 161 (41.4%) were regularly or sometimes absent from school due to menstrual problems and 289 (74.3%) experienced dysmenorrhoea.^[9]

Homoeopathic Constitutional Prescribing

Constitutional prescription is one of the most important aspects of the homoeopathic therapeutic process. The choice of remedy in homoeopathy is based on the entirety of an individual's symptoms and circumstances, including personality, behaviour, mindset, bodily and mental responses to the environment, food preferences, and so on. During Homoeopathic Treatment there are many remedies available for one disease and the best suited medicine is prescribed over person's CONSTITUTION based on the Principle of Homoeopathy "SIMILIA SIMILIBUS CURANTER" to established the cure of disease.

The English word, constitution, comes from the Latin root, constituere, which means constitutes i.e. to establish or to set up or make up or to form, to assign to give being to.

As per Paracelsus says that "there is no knowledge is perfect unless it consists of an understanding of the beginning. So he says that all the diseases are originated from the constitution. It is necessary that the constitution should be known if we wish to know the diseases."^[10]

Dr. Samuel Hahnemann gives a fair idea on the importance of the constitution in *Aphorism § 5* of Organon of Medicine, "Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration."^[11]

A person inherits a definite organizational plan, tendencies, attributes and the miasm which decide his pattern of reactions or susceptibility to the environment. He constantly reacts and thereby tries a state of balance to enjoy the environment without giving rise any discomfort. The imbalance causes sickness which give rise to discomfort, disharmony, and disruption of the equilibrium in the functioning of the individual. The imbalance is expressed through the signs and symptoms, the reaction to his unfavourable environment. The pattern of this reaction is determined not only by the factors which have caused the influence but also by the constitution of the person.

In *Aphorism § 81* of the German Organon Hahnemann uses the term "angeborenenKoerper-Constitutionen", which means the congenital bodily constitution. The genetic constitution represents the essence of the paternal and maternal lineages. This represents the inherited diathetic constitution and temperament including all its predispositions. The interdependence of the mind/body constitution is as inseparable as the link between the essential nature (Gr. wesen) and the instinctive vital force (Gr. Lebenskraft). One does not appear without the other. Such relationships are called functional polarities and complementary opposites. This bipolar phenomenon is innate in nature.^[12]

Stuart close says "Constitution is that aggregate of hereditary characters, influenced more or less by environment, which determines the individual's reaction, successful or unsuccessful, to the stress of environment."

Dr. J. T. Kent says in his lesser writings that "there are no fixed types of constitutions. They vary according to the combinations of characteristic general and characteristic particular symptoms of the sick individual. General symptoms are the most valuable symptoms because they pertain to the patient as a whole."

Dr. J. H. Clarke in his book Constitutional Medicine says that "The importance of observing the conditions under which a symptom occurs or is or better; also the time of recurrence and disappearance, and the concomitant symptoms with which it is associated. These particulars, which in general arise from the constitution of the patient and not from the disease form which he is suffering, are often of greater importance than the actual symptoms which they characterize."

Homeopathic prescriptions are made based on the totality of the patient's life span that includes past illnesses, family history, constitution & temperament, miasmatic background and peculiar symptoms of the present illnesses. Based on these a portrait of the patient is created in the mind of the treating physician and his co relate this disease partite with that of the portrait of a remedy. When these two portrait matches, a homeopathic response is established and body shall make efforts to cure the illness. This is called the "Similia Principle".^[10]

In homeopathic constitutional prescribing we look not only at the physical symptoms, but also at the mental and emotional state of the person, what the circumstances are surrounding the ailment, as well as what appears to make it better or worse. When recurring attacks are experienced for which acute remedies are selected which bring only partial relief or when they need to be often repeated, then a constitutional remedy is also worth considering.

A remedy becomes constitutional when its homeopathic (like cures like) fit approaches close similarity to the person needing it. This is not dissimilar to the approach in acute prescribing, however it is in greater depth and takes an over-arching view of the person, asking "what makes them sick; what kind of a person are they?"

Homoeopathic Medicines-

Apis Mellifica-

Menses: too profuse or too scanty; much pain in right ovarian region before or during menses, or when they become suppressed; micturition painful, scanty, dark urine; great tenderness over uterine region, sometimes followed by convulsions at every menstrual period. The patient feeling tolerably well during the interval.^[13]

Calcarea Carbonica-

These individuals are Forgetful, misplaces words, tendency to express himself wrongly. Thinking is difficult. Disinclination for every kind of work. Depression and melancholy; tearfulness. Apprehensive mood; as if some misfortune were about to happen. Shuddering and dread as evening draws near. Fear seemingly starting from pit of stomach. Fears she will lose her reason; or that people will observe her confusion of mind. Great anxiety and palpitation of heart. Irritable without cause; peevishness and obstinacy. Restless mood, with gloominess and anxiety. *Menses*: too early; last too long; too profuse. Discharge of blood between the periods, induced by mental excitement or working. Suppressed menses; with fullhabit; after working in water. Swelling and painfulness of the breasts before the menses. Aching in vagina. Burning soreness in the genitals. Violent itching and soreness of the

vulva. Inflammation and swelling in the genitals. Stinging, burning tubercles on the margin of the labia. Much sweat about the labia. Great nervous prostration.^[14, 15]

Ignatia Amara-

The individuals of Ignatia are Absent-minded. They desire to be alone. Changeable disposition, jesting and laughing, changing to sadness, with shedding of tears. Taciturn m mood. Sadness. Sensitive mood, delicate conscientiousness. Affectionate disposition, with very clear consciousness. Great grief after losing persons or objects that were very dear. Anger, followed by quiet grief or sorrow. Ailments from grief, mortification, bad news, or suppressed mental suffering. Jealousy. Effects of disappointed love. *Menses*: too soon; scanty, or profuse. Menstrual blood black, of putrid odour, in clots. Crampy pains in uterus, with lacerations, worse from touching the parts. Violent labour-like pain, followed by purulent, corrosive leucorrhoea.^[14, 15]

Lachesis-

Thinks herself under superhuman control. Memory weak; makes mistakes in orthography. Quick comprehension; mental excitability, with almost prophetic perceptions; ecstasy. Mania, with great loquacity, frequently jumping from one subject to another. Mania after over studying. Thinks she is dead, that preparations are being made for her funeral; thinks herself pursued by enemies; fears the medicine is poison. Great sadness and anxiety, worse in morning on awaking. Dread of death, fear to go to bed. Fears being poisoned. Sexual desire, nymphomania. Swelling, indurations, neuralgia, suppurations, etc., of left ovary. The uterine region feels swollen, will bear no contact, not even of the clothing; bearing down pains. Uterine and ovarian pains, relieved by a flow of blood. Uterus feels as if the os is open. *Menses*: scanty, feeble, but regular, bloody lumpy, black lumpy, black or acid. Before menses: desire for open air; vertigo, nosebleed; labour-like pains, worse in left ovarian region; bruised feeling in the hips; all better when the flow begins. Redness and swelling of the external parts. Suitable at the menopause: flushes, hot vertex; metrorrhagia; fainting.^[13]

Lilium Tigrinum-

Ideas not clear; they become more so if she exerts her will; makes mistakes in speaking and writing; cannot apply the mind steadily. Despond to curse, to strike, to think of obscene things; as these mental states came, uterine irritation abated. Hurried manner; desire to do something and yet feels no ambition. Low-spirited, can hardly keep from crying. Tormented about her salvation. Apprehensive; as from impending disease or calamity; fears she has heart disease; she fears she is incurable. *Menses*: scanty, flow only when moving about; dark, thick, smelling like the lochia; on second day. After menstruation, cutting in bowels, limbs clammy, followed by profuse, bright yellow leucorrhoea, excoriating the perineum. Severe neuralgia pains, could not bear touch, not even weight of the bedclothes or slightest jar; bloated feeling in the region of uterus; pelvic organs feel swollen; aching apparently around, not in, the uterus. With the bearing down: low-spirited, weeping, apprehensive, irritable; opposite and contradictory mental states; urgent desire to stool; anorexia; fainting in close room and when standing; frequent, scanty, burning urine; pain in sacrum; bloated feeling in abdomen; limbs cold, clammy.^[14]

Natrum Muriaticum-

Difficulty of thinking; absence of mind; memory and will weak. Distracted, knows not what to say. Awkward in talking, with absent-mindedness. Sad, weeping; consolation aggravates, with palpitation and intermittent pulse. When trying to comfort her, she becomes enraged. Hurriedness, with anxiety; with fluttering at the heart. Hypochondriacal; hateful, vindictive, joyless, indifferent, taciturn. *Menses*: Averse to coitus, which is painful from dryness of the vagina. Burning, smarting during coitus; anaemic women with dry mouth and dry skin. Every morning pressing and pushing toward the genitals, must sit down to prevent prolapse. Menses too late and scanty, or too early and profuse. Before menses anxious, sad, qualmish; sweetish eructation in the morning; headache, eyes heavy; palpitation. Dysmenorrhoea with convulsions. First menses, delayed.^[14, 15]

Nux Vomica-

Defective memory; manner shy and awkward. Can't read and calculate, for she loses the connection of ideas; thinks she will lose her reason. Disinclination to work and great lassitude or weakness in morning. Cannot bear reading or conversation; irritable and wishes to be alone. Anxiety, with irritability and inclination to commit suicide, but is afraid to die. Hypochondriac mood of person of sedentary habits, and of those who dissipate at night, with abdominal suffering and constipation; also when worse after eating, with sensitiveness. Irritable, morose, sullen. Worse after mental exertion. *Menses*: Crampy, stitching pains in pelvis; soreness across pubes. Congestion of blood to uterus. Contractive, uterine spasms, colic, with discharge of coagula. Pressure towards the genitals in the morning; prolapsed uteri, from straining and lifting; bearing down toward the sacrum, with ineffectual urging to stool, or pressing on the bladder with urging to urinate. Burning, heaviness, sticking in the uterus. Hardness and swelling of the os tinea. Menses too early and profuse; flow dark, oversensitive to nervous impressions; faints easily.^[14, 15]

Pulsatilla Nigricans-

Fancies a naked man is wrapped in her bed clothes; dreams of men. Mania from suppressed menses. Easily moved to tears or laughter. Silent mood, disgusted at everything. In early morning depressed, full of cares about domestic affairs. Dread of men. Tremulous anguish, as if death was near. Anguish about the heart, even to suicide. Peevish, changeable; pale. Fatigued by mental labour; head affected. *Menses*: Tensive, cutting pain in uterus, which is very sensitive to touch and during coitus. Pain in uterus, with amenorrhoea. First menses, delayed. Menstruation, too late, scanty and of short duration; flow thick, black, clotted; or thin, watery or changeable in appearance; flows more during day while walking. Menses suppressed, or flow intermittently; after getting feet wet; in chlorosis; from nervous debility; with throbbing headache; pressure in stomach; pain in uterus; dysuria; ophthalmia; morning nausea; or bad taste in mouth.^[14, 15]

Sepia-

Weak memory, heavy flow of ideas. Fits of involuntary weeping and laughter. Sadness about one's health and her domestic affairs. Anxiety: with fear, flushes of heat over the face; about real or imaginary evils. Great indifference even to one's family, to those one loves best. Is easily offended and inclined to be vehement. Great irritability alternating with indifference. Great excitability in company. Restless, fidgety after overexertion of the mind. *Menses*: too early and too profuse; even with mania; too late and scanty; suppressed. Redness, swelling, and itching eruption on inner labia.^[14]

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