

## Women's menstrual diseases & homoeopathy

Dr. Minal Mahajan

Assistance Professor, Department of Anatomy, Government Homeopathy College, Jalgaon, Maharashtra, India

### Abstract

Women are considered to have an irregular menstrual cycle if their cycle length is less than 21 days or more than 35 days, accompanied by less or very severe blood flow. The prevalence of menstrual cycle irregularities varies across countries. Irregular periods can occur due to changes in the body's levels of estrogen and progesterone hormones, which disrupt the normal pattern of the period. Menstrual irregularity has been found to be associated with various diseases and medical conditions PCOD, Premenstrual syndrome, Anemia, osteoporosis, psychological problems, impaired quality of life, and infertility have also been recorded. Therefore, irregular menstruation is considered an important health indicator among women. Physical, mental, social, psychological, and reproductive problems are often associated with menstrual irregularities. The aim of this review was to define role of homeopathy in PCOD, Premenstrual Syndrome and Dysmenorrhea

**Keywords:** Women, menstrual disease, PCOD, Premenstrual Syndrome, Dysmenorrhea in homoeopathy

### Introduction

Ensuring that women have access to quality healthcare facilities is very important criteria to help women boost their health. It can lead to improved health for children and families. Women's health includes a wide range of specialties and needs proper care on areas such as heart disease, osteoporosis, depression, autoimmune diseases, Birth control, sexually transmitted infections (STIs), gynecology and various cancers disorders related to females.

Women's health differs from that of men in many unique ways. Women's genital organs health is very important and has impact on overall health. Disorders related to the menstruation are major medical problems required to be treated as early as possible. Thus the chapter herewith illustrates the disorders related with female genital organ. It basically covers

- Premenstrual Syndrome
- Dysmenorrhea
- Polycystic ovary syndrome

### Menstrual cycle menarche

Central Nervous System triggers the gonadal changes and body shows physiological changes and beginning of the menstrual cycle may start soon or later. After maturity regular ovulation may take approx. two years. Menstruation is a result of cyclic hormonal variations. Increasing levels of estrogen results in thickening of endometrium during follicular phase (first half) of the menstrual cycle. Anterior pituitary releases luteinising hormone when there is sufficient level of serum estrogen (about 24 h later) and after 30-36 hrs ovulation follows.

Ovulation generally occurs around day 14 of a 28-day menstrual cycle. As luteal phase (second half) progresses endometrium begins to respond to increasing levels of progesterone. Progesterone and estrogen are secreted from the corpus luteum which is formed from the remains of the ovarian follicle after ovulation. If conception does not occur luteolysis begins and steroid levels drop. This means that the endometrium cannot be maintained, and endometrial blood flow is reduced resulting necrosis and sloughing of

endometrium and this is menstruation. After sloughing blood vessels are sealed by fibrin and platelet plugs. Hemostasis is started due to vasoconstriction of the remaining basal arteries.

### Premenstrual Syndrome (PMS)

Girls can begin experiencing premenstrual Syndrome (menstrual disorders) once the onset of ovulatory cycle (menarche) is established. Premenstrual Syndrome shows both mood changes and physical symptoms. Usually PMS are noticed about 1-2 weeks before onset of menstruation and disappear at or on shortly after onset of menstruation. Each woman has PMS symptoms at certain point in their reproductive life. Premenstrual Syndrome is most common and about 90-95 % women experience this in 30-40 years of age group. This condition can cause considerable damage of normal daily activity, including reduced work-related activity and may lead to work absenteeism. The severities of the symptoms not only vary for every menstruating woman but also vary from cycle to cycle. Some women have more severe PMS signs and symptoms than others. Severity may be influenced by other life factors such as stress and tiredness. The most severe form of PMS may be referred to as premenstrual dysphoric disorder (PMDD)

### Clinical manifestation

The main cause of PMS is yet not fully understood but possible reason may be hormonal changes in hormones during the menstrual cycle. It may occur during the week earlier menses and remit within days of menses.

The most common signs and symptoms present are

- Irritability
- Depression or hopelessness
- Sudden mood swings
- Anxiety
- Decreased/Reduced interest in work-related activity
- Modification in sleep patterns
- Lack of energy/tiredness
- Abdominal cramping and or bloating

- Breast tenderness
- Headache

### **Etiopathogenesis**

The etiology of premenstrual syndrome is uncertain. Since PMS symptoms occur simultaneously with the hormonal fluctuations of the menstrual cycle, hormonal disproportion like estrogen surplus and progesterone deficiency have been proposed. Symptoms are also associated with serotonin to link as a key etiological factor. PMS might be exacerbated by stress which is associated with family life. Women who have Body Mass Index (BMI) over 30 are likely to suffer from PMS.

### **Pathophysiology**

The lifespan of luteal phase (second half) lasts between 12 and 14 days. If fertilization has taken place, the endometrium is prepared for implantation.

Luteolysis begins and steroid levels drop when conception does not occur. This results in onset on menstruation as the endometrium cannot be maintained, and endometrial blood flow is reduced resulting necrosis and sloughing of endometrium. Aftersloughing blood vessels are sealed by fibrin and platelet plugs. Hemostasis is started due to vasoconstriction of the remaining basal arteries.

The myometrium is the muscular layers of the uterus that contract spontaneously throughout the menstrual cycle, the frequency of these contractions being influenced by the hormonal environment. The myometrium is also more active during menstruation.

This condition can cause considerable damage of normal daily activity, including reduced workrelated activity. The severities of the symptoms not only vary for every menstruating woman but also vary from cycle to cycle. Severity may be influenced by other life factors such as stress and tiredness.

### **Genral management**

Maintaining Good health is important. Adapting good dietary habits and lifestyle changes may reduce symptoms.

1. Exercise like brisk walking, running and swimming helps with PMS by addressing depression and fatigue.
2. Sixty minute aerobic sessions thrice a week felt much improved physically, mentally, and emotionally.
3. Eating small and frequent meals reduce bloating and the sensation of fullness. Limit salt and salty foods to reduce bloating and fluid retention.
4. Diet shall include foods high in complex carbohydrates eg. fruits, vegetables and whole grains.
5. Choose foods rich in calcium.
6. Avoid caffeine and alcohol.

### **Homoepathic management**

#### **Bovista**

Premenstrual problems with puffiness in the extremities, fluid retention, and a bloated feeling often indicate a need for this remedy. The woman may feel very awkward and clumsy, and may constantly be dropping things because of swollen-feeling hands. Diarrhea occurring around the time of the menstrual period strongly indicates this remedy.

#### **Calcarea carbonica**

PMS with fatigue, anxiety, and a feeling of being overwhelmed suggest a need for this remedy. The woman

may have problems with water-retention and weight gain, tender breasts, digestive upsets, and headaches. Periods often come too early and last too long, sometimes with a flow of bright red blood. A general feeling of chilliness, with clammy hands and feet, and cravings for sweets and eggs are other indications for *Calcarea*.

#### **Lachesis**

Women who need this remedy are usually intense, with a tremendous need for an outlet, both physically and mentally. Symptoms of PMS include congestion, headaches, flushing, surges of heat, and an intense outspoken irritability—often with strong feelings of suspicion or jealousy. When the flow arrives, it may be heavy, but brings relief of tension. Intolerance of restrictive clothing around the waist or neck is another indication for *Lachesis*.

#### **Lycopodium**

PMS with a craving for sweets and a ravenous appetite (sometimes a bulimic tendency) suggests a need for this remedy. Digestive upsets with abdominal bloating and flatulence are often seen, with the person feeling worst in the late afternoon and evening. Menstrual periods may be delayed, followed by a heavy flow that goes on for extra days. A woman who needs this remedy often wears a worried look and lacks self-confidence—although she may be irritable and bossy to pets and family members. A desire to be alone, but with someone in the other room, is another indication for *Lycopodium*.

#### **Natrum muriaticum**

A person who needs this remedy usually seems reserved to others, but is deeply emotional inside. She may feel extremely sad and lonely, but gets affronted or angry if others try to console her or sympathize. Depression, anger over minor things, and a need to be alone to cry are often seen when *Natrum mur* is needed. Menstrual problems can be accompanied by migraines, or a backache that feels better from lying on something hard or pushing a solid object against the painful place. A craving for salt, strong thirst, and a tendency to feel worse from being in the sun are other indications for this remedy.

#### **Pulsatilla**

This remedy can be helpful during many conditions involving hormonal changes and is often helpful to girls who have recently started having periods. PMS with irritability, moodiness, and weepiness is typical. Delay or suppression of the menstrual flow can be accompanied by queasy feelings, nausea, and faintness. Being too warm or in a stuffy room makes things worse, and fresh air can bring relief. The timing, amount, and nature of the menstrual flow are changeable— as are the woman's moods—when *Pulsatilla* is the remedy. The woman usually is emotional and needy, wanting a lot of attention and comforting.

#### **Sepia**

This remedy relieves mood swings from PMS associated with irritability and poor venous circulation.

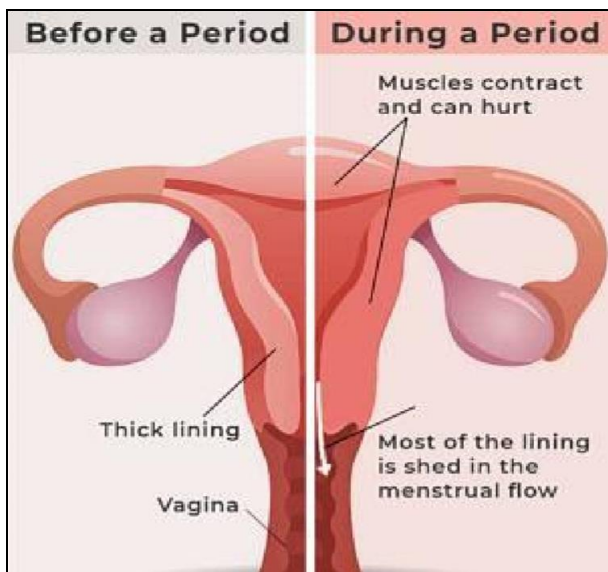
#### **Veratrum album**

Menstrual periods with very heavy flow and cramping, with a feeling of exhaustion and icy coldness suggest a need for this remedy. Vomiting and diarrhea are often seen. Periods

may start too early and go on too long. The woman feels worse at night, from exercise, and from drinking things that are warm. Cold drinks, small meals, and wrapping up in warm clothes or covers may help to bring improvement.

### Dysmenorrhea

Dysmenorrhea is the medical term for as painful menstruation or menstrual cramps. There are two types of dysmenorrhea; primary and secondary. Primary dysmenorrhea is the name for common menstrual cramps that come back over and over again (recurrent) and aren't due to other diseases. Cramps and pelvic pain with menstruation, with common causes such as heavy flow, passing clots, uterine fibroids or endometriosis. Menstrual cramps can have causes that aren't due to underlying disease. Examples include normal periods, heavy periods, wind or constipation.



<https://www.rxremediesinc.com/wp-content/uploads/2021/03/menstruation.jpg>  
Changes during dysmenorrhea

### Clinical manifestation

Diagnosis of primary dysmenorrhea is not specific. The diagnosis is made on the basis of clinical findings. Mild to severe pain in the lower abdomen, back or thighs.

- Pain typically last 12 to 72 hours,
- Nausea and vomiting, fatigue, and even diarrhea.
- Abdominal bloating

### Genral Management

- Heated patch or wrap on abdomen can help relax the muscles of uterus.
- Tummy massage with essential oils.
- Regular physical activity helps ease menstrual cramps for some women.
- Soaking in a hot bath or using a heating pad or hot water bottle on lower abdomen might ease menstrual cramps.
- Yoga practices for reducing stress and relieve Cramps.

### Homeopathic Management

#### Belladonna

Symptoms that are very intense and come and go suddenly, accompanied by a feeling of heat, often indicate a need for

this remedy. The menstrual flow is typically bright red, profuse, and may have begun too early. Pain and cramping are worse from jarring and from touch, yet applying steady pressure often brings relief. Walking or bending over can make things worse, and sitting may be the most tolerable position. A woman who needs this remedy may feel restless and flushed, with pulsing or pounding sensations, and eyes that are sensitive to light.

#### Chamomilla

This remedy is indicated when the person's mood and nerves are so sensitive that pains seem almost unbearable. Anger and irritability may be extreme (or pain and cramping may come on after the woman has been angry). The menstrual flow can be heavy, and the blood may look dark or clotted. Pain often extends from the pelvic area into the thighs, and may be worse at night. Heating pads or exposure to wind can aggravate the symptoms. Vigorous walking or moving around in other ways may help relieve the pain.

#### Cimicifuga (also called Actaea Racemosa)

Cramping and pain that get worse as the flow increases, back and neck pain with muscle tension, and sharp pains like shocks that shoot upward, down the thighs, or across the pelvis, are all indications for this remedy. The woman is likely to be nervous, enthusiastic, and talkative by nature, yet feel pessimistic and fearful when unwell.

#### Cocculus

This remedy is indicated when a woman has cramping or pressing pain in the pelvic or abdominal region, along with weakness or dizziness. She may be inclined toward headaches or nausea, and parts of her body can feel numb or hollow. Feeling worse from standing up or from any kind of exertion and feeling better from lying down and sleeping are typical. (*Cocculus* is often indicated when a person has not been sleeping well and then feels weak or ill.)

#### Magnesia phosphorica

Painful cramps and pain in the pelvic region that are relieved by pressure and warmth often respond to this remedy. Periods may start too early, often with a dark or stringy discharge, and pain is usually worse on the right side of the body. The woman is sensitive and inclined toward "nerve pain"—feeling worse from being cold and also worse at night.

#### Polycystic ovary syndrome

Polycystic ovary syndrome is a characterised by unusual or prolonged menstruation. Many small cysts of fluid develop on the ovaries. Ovaries may fail to release eggs regularly. PCOS increases the risk for development of certain serious health problems including type 2 diabetes, high blood pressure, problems with the heart and blood vessels, uterine cancer& infertility.

#### Clinical manifestation

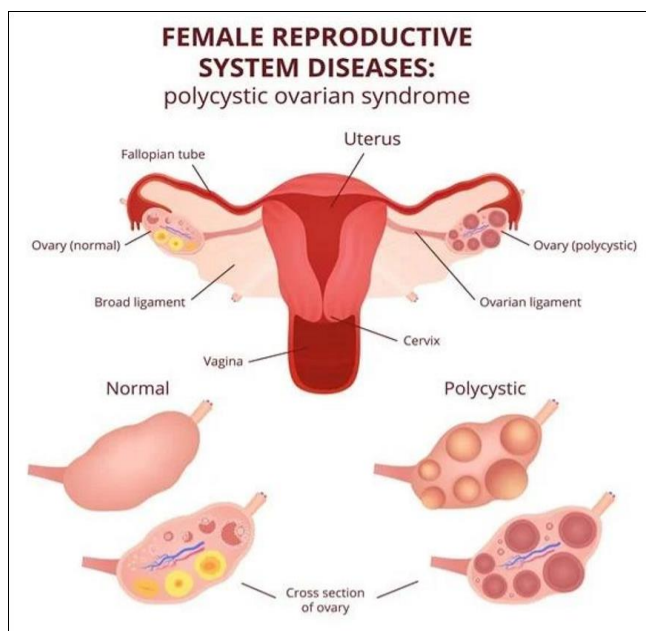
Stress is an invisible factor strongly associated with many disease pathogenesis including polycystic ovarian syndrome (PCOS) in women.

There is a link between women's genes and poor lifestyle choices that make womens more susceptible to developing PCOS. Symptoms include  Uneven periods or no periods at all.

- Irregular ovulation or failure to ovulate (difficulty getting pregnant)
- Hirsutism - excessive hair growth generally on the face, chest, back or buttocks.
- Weight gain.
- Hair loss from the head, hair fall leads to thinning of hair.
- Acne or oily skin.

### Etiopathogenesis

The main cause of PCOS is due to higher-than-normal levels of certain hormones, named androgens. Androgen helps to start puberty and have very important role in reproductive health and body development. Its present in all genders but in male the levels are high. (Testosterone). This results in few, unusual or very long periods. Those who are having too much of a male hormone at higher risk of PCOS. Ovaries may fail to regularly release eggs due to development of too many small sacs of fluid on the ovaries.



Changes during PCOS

### General Management

1. Weight loss. Healthy weight can lower insulin and androgen levels. It may also restore ovulation.
2. Avoid high carbohydrates diet. High-carbohydrate diets might make insulin levels go higher.
3. Regular physical activity helps them manage ovarian cyst symptoms. For example, a 2019 study found that regular exercise alongside dietary intervention had a greater impact on PCOS symptom reduction than dietary changes alone.
4. Yoga practices for reducing stress and relieve Cramps.
5. Take dietary supplements.

### Homeopathic Management

Homeopathy is a form of alternative medicine that uses highly diluted substances to treat various health conditions. Many female patients use homeopathy for managing symptoms of Polycystic Ovary Syndrome (PCOS). Homeopathic remedies are individualized based on a person's specific symptoms and overall constitution. Some commonly used homeopathic remedies for PCOS include:

**Pulsatilla:** Used for those with irregular periods, particularly when periods are late or absent. The person may also exhibit emotional changes.

**Sepia:** May be recommended for those with hormonal imbalances, irritability, and mood swings, as well as for heavy or irregular periods.

**Lachesis:** May be used for individuals with left-sided ovarian cysts, irregular periods, or intense premenstrual syndrome (PMS) symptoms.

**Calcarea Carbonica:** May be suggested for those with weight gain, cravings for sweets, and fatigue.

**Natrum Muriaticum:** Sometimes used for hormonal imbalances, depression, and irregular periods.

**Thuja Occidentalis:** May be used for individuals with ovarian cysts and a tendency for warts or other skin growths.

### References

1. Homem ML, Mello. Gynecology and homeopathy, clinic and specialty. 1st ed. São Paulo, SP: Livraria Santos, 1999. [Google Scholar]
2. Hering C. The guiding symptoms of our materia medica. New Delhi: B. Jain Publishers; 2005. [Google Scholar]
3. Ribeiro A, Filho. Repertoire of homeopathy. 2nd ed. São Paulo, SP: Organon Books, 2020. [Google Scholar]
4. Doggweiler R, Whitmore K, Meijlink JM, Drake MJ, Frawley H, Nordling j, *et al.* A Standard for Terminology in Chronic Pelvic Pain Author Manuscript 14422042, 2019. S1, Downloaded from <https://onlinelibrary.wiley.com/doi/10.1111/iju.13974>, Wiley Online Library on [05/03/2025]. See the Terms and Conditions (<https://onlinelibrary.wiley.com/terms-andconditions>) on Wiley Online Library for rules of use; OA articles are governed by the applicable
5. Creative Commons License This article is protected by copyright. All rights reserved 11 Syndromes: A Report From the Chronic Pelvic Pain Working Group of the International Continence Society. *Neurourol Urodyn*, 2016, 1-25.
6. Engeler D, Baranowski AP, Borovicka J, Cottrell AM, Dinis-Oliveira P, Elneil S, *et al.* Guidelines on Chronic Pelvic Pain. *Eur Assoc Urol*, 2018.
7. Dawson M, Shah N, Rinko R, Veselis C KEW. The evaluation and management of female sexual dysfunction. *J Fam Pract*, 2017;66(12):722-728.
8. Shah M, Hoffstetter S. Vulvodynia. *Obstet Gynecol Clin North Am*, 2014;41(3):453-464.
9. Stenson AL. Vulvodynia: Diagnosis and Management. *Obstet Gynecol Clin North Am*, 2017;44(3):493-508.
10. Whitmore KE, Kellogg-Spadt S, Fletcher E. Comprehensive assessment of pelvic floor dysfunction. *Incontinence*, 1998, Fall:1-10.
11. Royal College of Obstetricians and Gynaecologists. The initial Management of Chronic Pelvic Pain. RCOG Green-top Guidel No 41. 2012, (41).
12. Hoyos LR, Johnson S, Puscheck E. Endometriosis and Imaging. *Clin Obstet Gynecol*, 2017;60(3):503-516
13. Moore J, Copley S, Morris J, Lindsell D, Golding S, Kennedy S. A systematic review of the accuracy of ultrasound in the diagnosis of endometriosis. *Ultrasound Obstet Gynecol*, 2002;20(6):630-634.
14. Nisenblat V, Bossuyt PMM, Farquhar C, Johnson N, Hull ML. Imaging modalities for the non-invasive

- diagnosis of endometriosis. Cochrane Database Syst Rev,2016:2016(2):CD009591-CD009591.
15. Gordts S, Grimbizis G, Campo R. Symptoms and classification of uterine adenomyosis, including the place of hysteroscopy in diagnosis. Fertil Steril,2018;109(3):380-388.e1.
  16. Vinci V, Saldari M, Sergi ME, Bernardo S, Rizzo G, Porpora MG, *et al.* MRI, US or real-time virtual sonography in the evaluation of adenomyosis? Radiol Medica,2017;122(5):361-368.