

# Women's Experience Over Premenstrual Syndrome and Its Homoeopathic Management: Review Article

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## ABSTRACT

Out of all the stages of a woman's life, menstruation and puberty mark the beginning of a highly significant physiological process. Menstrual issues are quite common, yet they are also a normal part of a woman's life cycle. The days leading up to menstruation are often marked by physical or emotional changes in many women. Premenstrual syndrome (PMS) is a term used when these changes interfere with a woman's daily life.

**Keywords:** Premenstrual Syndrome, Menstruation, Puberty, Physiological Process.

## INTRODUCTION

Premenstrual Syndrome is recurrence of symptoms during the luteal phase of menstrual cycle. Women are symptom-free between menstruation and ovulation and the symptoms fully disappear by the conclusion of the menstrual cycle. The symptoms are strong enough to significantly alter daily activities or interpersonal interactions. At least four of the preceding six menstrual cycles must have had them.

R.T. Frank coined the term "pre-menstrual tension" in 1931 and that the term "pre-menstrual syndrome" was first used by Greene & Dalton in 1953.

In sensitive women, mental uneasiness, annoyance, and dissatisfaction almost always accompany the menses. Determining

the source of the syndrome, characterizing it, and comprehending why some women are "sensitive" to acquiring it are all still unresolved problems. The illness is primarily characterized by affective symptoms including irritation and distress. Homeopathic medicine helps to totally restore a person's health by having the ability to work on both the physical and mental levels. Homoeopathy may therefore effectively treat each patient as an individual and as a whole. All females deserve menstrual well-being and that includes knowledge and reassurance about her body from the earliest possible age.

## INCIDENCE:

It is also important to understand that PMS is cyclical. Five percent of women are completely devoid of premenstrual symptoms. The physiological occurrences linked to the endocrine alterations of the typical ovarian cycle are likely to cause the remaining 95% of people to have at least one symptom when they reach reproductive age.

According to Abhijit Dutta and Avinash Sharma's comprehensive study and meta-analysis on the prevalence of premenstrual syndrome and premenstrual dystrophic disorder in India in the year 2020, these conditions were present in 43% and 8% of women, respectively. And the prevalence of

PMS in adolescents was projected to be higher, at 49.6%.

According to the results of a cross-sectional study by Chintan Madhusudan Raval et.al. on the prevalence of premenstrual syndrome and premenstrual dystrophic disorder among college-going students in Bhavnagar, Gujarat, the prevalence of PMS was 18.4%, moderate to severe PMS was 14.7%, and PMDD was 3.7%, according to DSM IV-TR and 91% according to the criteria for the International Classification of Diseases, 10<sup>th</sup> edition.

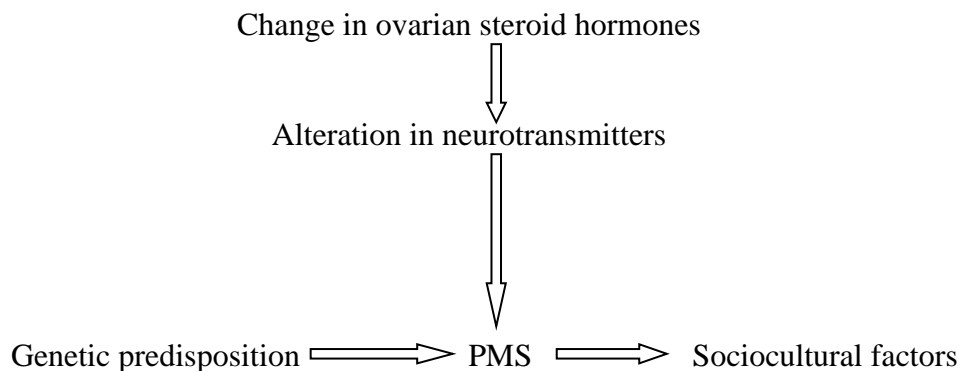
#### RISK ELEMENTS:

- PMS in the family
- mood and anxiety disorders from the past and present
- Postpartum depression in the past
- Nulliparity
- early menstruation
- Stress

- caffeine and alcohol consumption

#### ETIOPATHOGENESIS OF PMS:

premenstrual dysphoric disorder occurs in ovulatory cycles. The disorder was thought to be associated with increase in progesterone levels in luteal phase but there is no evidence to support the theory that the disease is linked to an increase in progesterone levels during the luteal phase. It is now hypothesized that it results from variations in sex steroid hormones that take place throughout ovulatory cycles, which affect neurohormones and neurotransmitters. The routes implicated are gamma amino butyric acid, opioid, serotonergic, and adrenergic. A genetic predisposition exists, and societal factors also have an impact. Calcium and vitamin B6 deficiency have also been linked.



#### SYMPTOMS OF PMS:

The symptoms of Premenstrual syndrome are seen both in the mental and physical planes.

Every person has a unique collection of symptoms that are manifested differently in various planes because PMS is a psycho-neuroendocrinal illness. Timings and symptom severity are crucial. The severity of the symptoms may be such that a person commits suicide, parasuicide, or engages in violent behaviour. Only when an issue is severe and then goes away by the end of a period could it be classified as PMS.

#### Physical symptoms include:

- Breast tenderness
- Acne
- Headaches
- Migraines
- Diarrhoea
- Edema
- Hot flushes
- Cramps
- Joint and muscle pain.

#### PSYCHOLOGICAL SYMPTOMS:

- Loss of emotional control,
- Hostility,

- Impatience,
- Anxiety,
- Clumsiness,
- Inability to concentrate,
- Depression, and
- Tension

In cases of untreated and severe PMDD, it may also include behavioural symptoms such binge eating, sleep issues, and suicidal thoughts.

#### **TREATMENT:**

In addition to medicines, several other variables, such as environmental, psychological, and personal ones, may play a role in the management of PMS.

The fact that some women respond to non-specific interventions including counselling, stress management, complementary therapies, cognitive therapy, and dietary manipulation is therefore not surprising.

#### **HOMOEOPATHIC APPROACH**

Homeopathy is a therapeutic science that aids in healing the ill by giving them medication based on the adage "Similia Similibus Curentur" - Let likes be treated by likes.

Complete symptom relief and recurrence prevention are the two objectives of homeopathic treatment for patients. The chosen treatment will enable the patient to live to the fullest extent possible - both physically and cognitively, emotionally, spiritually, and socially.

Homeopathy individualizes a patient, and the remedies chosen are based on the patient's personality and the cause of their illness in addition to their symptoms. The prescription must take into account the patient's mental and emotional composition as well as the depths of human nature. Homeopathy therefore offers considerable potential for treating each patient uniquely and holistically.

Commonly indicated drugs for PMS are:

#### **SEPIA OFFICINALIS:**

Menstruation is sparse and late, with a faint pelvic floor sensation that suggests the uterus is drooping. If demands are made, feels overworked and get irritated or caustic. Weeps when describing her ailments; is indifferent to family and friends; dislikes her job and her family. Anger, sensitivity, irritability, and dislikes company but despises being by themselves. Anxiety with fear; concerning actual or imagined horrors; as dusk approaches. Fear of being alone and intense despair. Unwilling to expend any effort or take any action, even to consider. craving sweet and salty foods while aversion to fat. Worse afternoon or evening, cold air, sitting quietly, before a thunderstorm: better from warmth of bed, hot applications, drawing limbs up, violent exercise.

#### **CHAMOMILLA:**

Hypersensitive to pain and irritable, the patient is anxious, restless, and cross. heavy menstrual discharge of clotted, black blood. Before menstruation, women become suddenly irrational, combative, and obstinate. They also find it difficult to tolerate those around them and are dissatisfied with everything they do. ugliness in behaviour, impatience when spoken to, indifference to pleasure, and a tendency to dwell on unpleasant events from the past. Uncivil, spiteful, snappish. Flushes of heat in face and cold sweat in palm.

#### **CALCAREACARBONICA:**

Anxiety, exhaustion, weight gain, gastrointestinal problems, and headache anxious, terrified, depressed; melancholy or doubtful mood Cold limbs with fluid retention, breast enlargement, and breast soreness before to menses. Menstruation: early and protracted. Headache, colic, chilly sensation, and leucorrhoea before to menstruation

#### **LACHESIS MUTUS:**

Headache, flushing, and a surge of blood to the head. One word often leads to another;

talkative; outspoken Amative, depressed in the morning, and unwilling to interact with others. Rivalry, suspicion, tears from anecdotes, and argumentative. Menstruation suppressed; at regular intervals but too short and feeble; with dizziness, headache, and bleeding from the nose; the smaller the discharge, the more painful. Cardialgia and nosebleed in place of menstruation. On the day before Catamenia, an overwhelming urge to go outside and move around.

#### **BOVISTALYCOPERDON:**

Premenstrual fluid retention issues can cause bloating and the appearance of puffy hands and feet. Weeping and smiling are the two different moods. Irritable and sees fault in everything. Clumsy in speech and action, drops objects out of his grasp, and stutters. Menstrual traces between periods. Symptoms resembling diarrhoea before the start of menstruation.

#### **FOLLICULINUM:**

Indications include Before periods, mental turmoil and depression alternate. Instability, distress, panic episodes, and excessive sexual arousal. Gaining weight and bloating before your period. Wheat and sugar cravings. Mentally and emotionally consumed, full of self-denial, depressed, and anxious

#### **IGNATIA:**

Works best for mood swings and sadness. Ignatia, a natural medicine, is the greatest for depression and mood swings in women with PMS and is highly helpful in the treatment of PMS. All ladies experiencing a melancholy or depressed mental state before menstruation can take Ignatia.

In addition to sorrow, there is a dislike of companionship. These women long to be left alone and shed many tears. The usage of Ignatia can also help women who have abrupt mood fluctuations before their period.

The finest natural treatment is Ignatia when the mood abruptly shifts from one of joy to despair.

#### **PULSATILLA:**

Women who experience increased sensitivity to everything during PMS benefit greatly from pulsatilla. Women often become deeply affected by the tiniest things, and they frequently begin to cry over trivial, unimportant concerns. In public, they begin to cry, and when someone shows sympathy, they usually feel better. They feel better in the fresh air. The women who respond well to Pulsatilla may also frequently struggle with suppressed or delayed menstruation. Additionally, there is typically little desire for water.

#### **CONIUM:**

The greatest natural treatment for premenstrual syndrome related breast soreness in women is conium.

For women who have breast swelling, enlargement, and soreness before to their periods, conium is highly helpful.

Touching causes the discomfort to increase. In addition to being painful, the breast also stiffens.

#### **CARBO VEG:**

Indicated in bloating of abdomen during PMS and highly helpful in providing relief right away. Most suitable for women who have a bloated abdomen before to menstruation. Extreme abdominal heaviness and distension occur after eating. This is accompanied by an abdominal gas buildup, pain from wind buildup in the belly and the women may vomit, which typically comprises uneaten food

#### **SILICEA:**

Extreme constipation prior to menstruation can be treated with silicea. For women who have a lot of difficulty passing stool silicea is particularly helpful.

Stool has to be passed with a lot of strain. Even after being partially ejected, the feces creeps back. Without exerting much effort, silica aids in stool removal.

## RUBRICS RELATED TO PREMENSTRUAL SYNDROME:

Mind - anxiety - menses - before  
Mind - hysteria - menses - before  
Mind - irritability - menses - before  
Mind - mania - menses - before  
Mind - weeping - menses - before  
Mind - anxiety - menses - during  
Mind - forgetful - menses - during  
Mind - hysteria - menses - during  
Mind - irritability - menses - during  
Mind - sadness - menses - during  
Mind - weeping - menses - during  
Abdomen - distension - menses - during  
Face - eruptions - pimples - menses - during  
Extremities - swelling - lower limbs - menses - during  
Head - pain - menses - commencement of - at  
Chest - induration - Mammae - menses - during  
Chest - pain - Mammae - menses - during  
Chest - swelling - Mammae - menses - during

## CONCLUSION

Premenstrual syndrome appears to be due to greater susceptibility to usual ovarian hormone levels, particularly progesterone. This increased sensitivity is believed to be a byproduct of a neuroendocrine disorder, most likely a serotonin deficit. Treatment methods include neuroendocrine anomaly repair. In the UK, US, and Australia, progesterone and progestogens are still the most often recommended treatments. There is, however, no proof that they are superior to a placebo. Following ovulation suppression with estrogen, danazol, and GnRH agonists, premenstrual symptoms seem to have significantly improved. Women with severe PMS/PMDD have also been proven to benefit from SSRI. After receiving the necessary counseling, hysterectomy with bilateral oophorectomy should only be considered as a very last resort.

An effective homoeopathic therapy regimen given by a knowledgeable homoeopath may

restore the patient's imbalance and improve daily activities.

## Declaration by Authors

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