



A Study Of Menstrual Irregularities In Adolescent Age Group And Its Homeopathic Approach

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I. ABSTRACT

1.1 Objective

To identify the extent of menstrual disorders and relation to various aspects of life in 100 women of age group 16 - 20 years.

1.2 Materials and Methods

Data is collected using questionnaire on demographics, medical history, personal habits, academic performance and menstrual pattern.

1.3 Results

5% menorrhagia , leucorrhoea 10% ,amenorrhea 26 % ,premenstrual syndrome 10% , oligomenorrhea 9% ,dysmenorrhoea 9% ,PCOD 12% , metrorrhagia 4% . Irregular cycles have significant association with BMI and medical history.

1.4 Conclusion

Adolescent period in women can be quite difficult especially in view of menarche; understanding of menstruation and facing menstrual disorders. It needs preparation which is lacking in India. Menstrual education should be included in school study curriculum. Awareness should be increased about menstrual disorders, hygiene, personal habits and support should be given during menstruation in schools to avoid skipping of schools and to decrease academic stress during periods and medical help should be taken.

II. INTRODUCTION

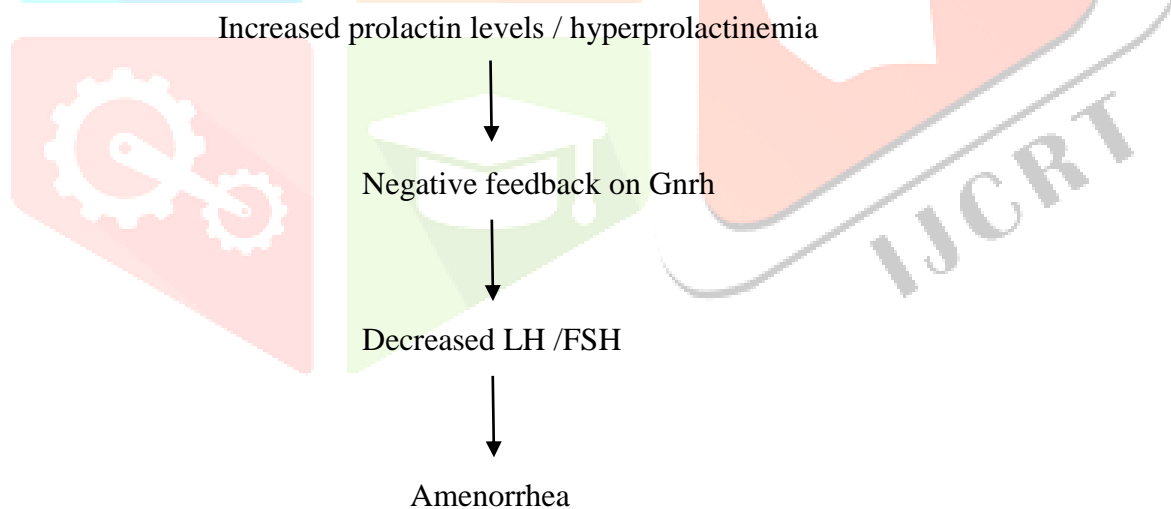
Menarche is the age at puberty at which first menstruation occurs usually at the age of 11–14 years. Demographics, medical history, environmental conditions, geographical location affects the menarcheal age and menstrual pattern.^{1,2} Menstrual cycle is natural changes that occurs in the endometrium of the uterus due to the hormones produced by endocrine glands in pituitary and follicles in ovary. It lasts from 2-7 days during which bleeding occurs from uterus. The duration, flow can be affected by factors such as thyroid, PCOD, hypertension, abnormal BMI, stress and nutritional deficiency etc.³ Any abnormal changes that occurs during menstruation are referred to as menstrual disorders. Types of menstrual disorders include,

2.1 Premenstrual syndrome

Prior to every menstrual cycle, some women undergo psychological fluctuations (mood swing) as well as physical discomforts such as abdominal pain, headache, breast tenderness, anger, irritability, back pain, leg cramps, depression, weight gain, sleeping difficulty, itching and redness that interferes with daily activities. When such symptoms are seen prior to periods then they are termed as Premenstrual Syndrome (PMS).⁴

2.2 Amenorrhea

Absenteeism of menstrual periods for more than 3 months, may be of two types physiological (before onset of puberty, during menopause, during pregnancy, after menopause or pathological amenorrhea (disturbance of hypothalamo – pituitary ovarian – uterine axis, psychological disturbance). It consists of primary and secondary amenorrhea.



2.3 Primary Amenorrhea

No menstruation by age 14 in the absence of secondary sexual characters or no menstruation by age 16 regardless of secondary sexual characters.⁵ Should check for delayed puberty,

Causes – depending upon serum FSH : 1) Hypergonadotropin, 2) Hypogonadotropin, 3) Eugonadotropin.

2.4 Secondary Amenorrhea

Normal periods followed by absence of period at least for 6 months.(6) or more in woman with previous normal menstruation patterns in the absence of pregnancy and lactation.

Mostly seen in PCOD.

2.5 Dysmenorrhea

Cramping pain accompanying menstruation. It can be described as clinical varieties,

- 1) Spasmodic dysmenorrhoea - Cramping type of pain seen mostly in first 2 days of menstruation
- 2) Congestive dysmenorrhoea - Increasing pelvic discomfort and pelvic pain few days before start of menstruation mainly due to PID, IUCD .
- 3) Membranous dysmenorrhoea – Endometrium shed as a cast at the time of menstruation .

2.5.1 Primary Dysmenorrhoea

Painful menstruation with no evident hormonal or anatomical pathology. Affects more than 50% postpubescent women in the age group of 18 -25 years with ovulatory cycles.

2.5.2 Secondary Dysmenorrhoea:

Painful menstruation which has a demonstrable cause. Like fibroids, adenomyosis, PID, endometriosis.

2.6 Menorrhagia:

Defined as cyclic bleeding at normal intervals, the bleeding is either excessive in amount (> 80ml)/duration(>7 days)/both. In general, normal endometrium secretes 2 types of prostaglandins,

- 1) PF2 alpha – acts as a vasoconstrictor , start constricts the blood vessels - flow stops.
- 2) PE2 – acts as a vasodilator.

Causes: Coagulopathy, Tuberculosis, Adenomyomas, Ovarian cysts, IUCD.

2.7 Polymenorrhoea:

Frequent episodes of menstruation at intervals of 21 days or even less.

2.8 Oligomenorrhoea:

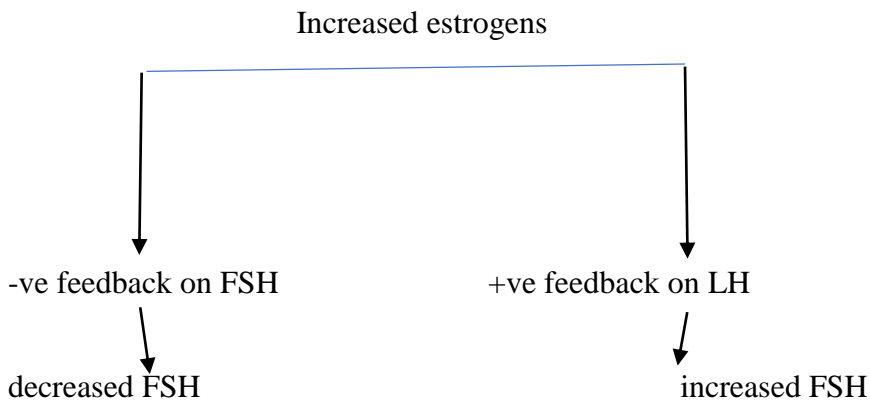
Infrequent and irregularly timed episodes of bleeding usually occurring at intervals of more than 35 days.

2.9 Metrorrhagia:

Irregularly timed episodes of bleeding superimposed on normal cycle bleeding.⁷

2.10 PolycysticOvarianSyndrome(PCOS):

PCOD is a hormonal disorder which is very common, affecting 5 to 10% women causing enlarged ovaries with small cysts on the outer surface of ovary. It is characterized by obesity, acne, excessive hair growth, insulin resistance, metabolic disorders and menstrual irregularities which can further lead to complications such as dyslipidemia, type 2 diabetes mellitus, infertility, cardiovascular disease, endometrial cancer and affect quality of life.^{8,9} In India menstruation is considered a stigma. Menstruation is less spoken openly in families and among people in schools. This lack of knowledge regarding menarche, menstruation and menstrual hygiene has significant impact on physical and psychological burden on young women. Features include Hirsutism, Male pattern baldness, Increased LDH and decreased HDL.



III. RESEARCH METHODOLOGY:

3.1 Objective

To identify various menstrual problems in females of age group 16 to 20 years and the homoeopathic remedies efficacy in treating and curing them.

3.2 Materials and methods, Study design, place and duration:

Cross sectional survey study conducted in Pragnapur government degree college, Gajwel for 2 months.

3.3 Study population

100 female students of age 16 to 20 years.

3.4 Methodology

The purpose of the study was explained to the girls and informed consent was obtained for participation in the study. Self made survey questionnaire based on socio-economic data, menstrual education, symptoms during menstrual cycle, PMS, pain scale, food habits, academic stress, physical activity and medical history were collected from girls of age 16 to 20 years.

3.5 Inclusion criteria

Young female's students aged 16 to 19 years who were willing to participate in the study.

3.6 Exclusion criteria:

Females above the age of 20 years and females below the age of 16 years.

3.7 Pie chart presentation of menstrual irregularities in adolescent age group.(fig 3.7.1)

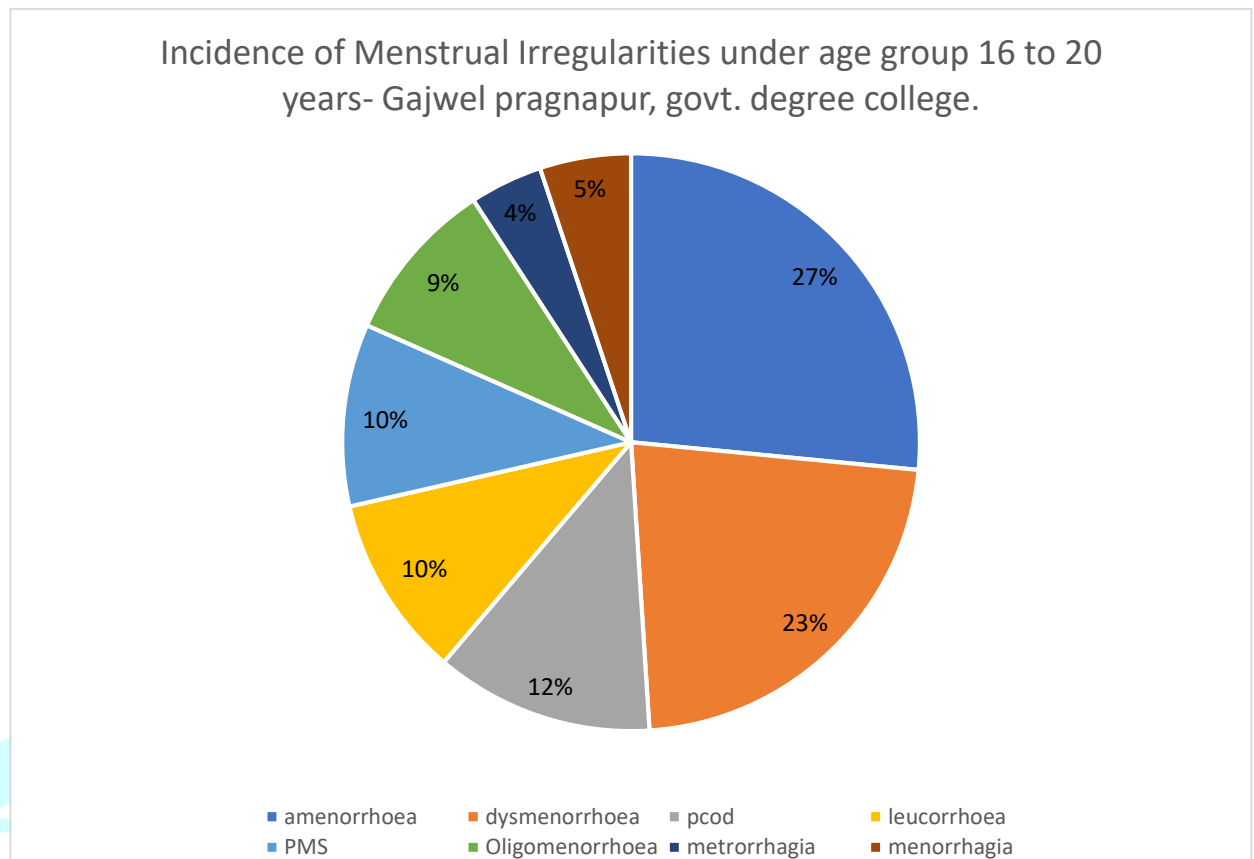


Figure: 3.7.1

IV. HOMOEOPATHIC THERAPEUTICS

4.1 Pulsatilla

Debility. Too late, scanty, thick, dark, clotted discharge. Changeable, intermittent flow. Chilliness, nausea, painful & intermittent flow. Pain in back, tired feeling. Diarrhoea during or after menses. Leucorrhoea-acrid, burning, creamy. Hot patient. General modalities: aggravation from eating after, heat, eating rich fat food, evening, lying on painless side. Amelioration is from open air, cold food and drinks.

4.2 Natrum mur

Irregular menses, usually profuse, dry vagina with watery and acrid leucorrhoea. Bearing down pains, worse in morning.

Prolapse of uterus with cutting pains in urethra. Ineffectual labour pains. Suppressed menses. Hot during menses. Hot patient. General modalities: aggravation by noise, warm room, lying down, consolation. Amelioration by open air, cold bathing, pressure.

4.3 Arsenicum album

Menses too profuse and too soon. Burning in the ovarian region. Pain as if red hot wires. Worse on least exertion. Causes great fatigue. Better in warm room. Mostly indicated in menorrhagia. Stitching pain in pelvis extending down the thighs. Leucorrhoea with acrid type, burning, offensive, thin. Chilly patient. General modalities- aggravation by mid day to mid night, wet weather, cold things. Amelioration by heat, head elevated, warm drinks.

4.4 Ferrum phos

Menses early every 3 weeks. Pain during coition. Vaginismus. Vagina dry and hot. Bearing down sensation with pain in the vertex region. Hot patient. General modalities- aggravation by night, 4 to 6 PM, touch, motion, right side. Amelioration by cold application.

4.5 Sulphur

Itching of pudenda with burning in vagina. Much offensive perspiration. Menses too late, short, scanty, thick, black, acrid making parts sore. Menses preceded by headache. Burning and excoriating leucorrhoea. Cracked, smarting of nipples. Hot patient. General modalities- Aggravation by rest, standing, warmth of bed. Amelioration by dry warm weather, lying on the right side.

4.6 Nux vomica

Menses too early lasts too long always irregular. Blood black in colour with faint spells. Dysmenorrhoea with pain in sacrum and constant urging to stool. Inefficient labour pains, extending to rectum with desire to stool and frequent urination. Metrorrhagia with sensation as if bowels wanted to move. Chilly patient. General modalities – aggravation by morning, after eating, dry weather, cold exposure. Amelioration by rest, wet weather, strong pressure.

4.7 Magnesium phosphorum

Membranous dysmenorrhoea. Menses early, dark, stringy, flow at night leaving fast stain. Menstrual colic amelioration by flow. Swelling of external of parts. Electric cramping type of pain. Chilly patient. General modalities- aggravation by right side, cold, tough, night. Better by warmth, pressure, bending double.

4.8 Belladonna

Dryness and heat of vagina. Menses are bright red, too early, too profuse. Cutting pain from hip to hip. Menses are very offensive and hot. Tumours of breast, breast feels heavy and hard. Hot patient. General modalities: aggravation from touch, noise, lying down, amelioration: semi erect.

4.9 Calcarea carb:

Before menses headache, colic, chilliness, and leucorrhoea. Cutting pains in uterus during menstruation. Menses too early, too profuse, too long, with vertigo. Burning and itching of parts before and after menstruation. Increased sexual desire, easy conception. Hot swelling of breast. Breast tender and swollen before menses. Much sweat about genital organs. Sterility with copious menses. Chilly patient. General modalities: aggravation from exertion, mental or physical exertion, cold in every form, wet weather, amelioration – dry climate, weather, lying on painful side.

V. CONCLUSION

Adolescent period in women can be quite difficult especially in view of menarche, understanding of menstruation and facing menstrual disorders. It needs preparation which is lacking in India. Family was the first informant regarding menstruation in case of 75% of study group. Educational television programs, school teachers, health care personnel's can play an important role in transmitting message regarding menstruation, menstrual health management and menstrual hygiene products. Menstrual education should be included in school study curriculum.¹⁰

Skipping school during periods can be avoided if medical support can be given during menstruation in schools and to decrease academic stress during periods. Medical aid should be sought in those who have menstrual disorders and irregular cycles.

Physical activity like yoga can be effective in treating different menstrual issues. Maintenance of healthy BMI should be encouraged. Homoeopathic remedies have very effective action in treating and curing menstrual disorders. Life style modifications like cessation of smoking, alcohol and maintaining healthy BMI, limited coffee intake can help in reducing menstruation disorders.

VI. REFERENCES:

1. RG Carroll Elsevier's Integrated Physiology10Elsevier's Integrated PhysiologyAmsterdam2007
2. S Garg T Anand Menstruation related myths in India: strategies for combating itJ Family Med Prim Care2015421846
3. DM Luesley MD Kilby An Evidence-based Text for MRCOG, Menstrual AbnormalitiesObstetrics & Gynaecology3rd edCRC Press2016
4. Polycystic ovary syndrome (PCOS)Mayo Foundation for Medical Education and Research (MFMER),Mayo Clinic, 1998-2021<https://www.mayoclinic.org/diseases-conditions/pcos/symptoms-causes/syc-20353439>
5. R Samal S Habeebullah Primary amenorrhea:a clinical reviewInt J Reprod Contracept Obstet Gynecol2017611474853
6. DA Klein MA Poth Amenorrhea: an approach to diagnosis and managementAm Fam Physician201387117818
7. JL Bienstock HE Fox EE Wallach Johns Hopkins Manual of Gynecology and ObstetricsVol. 5Wolters Kluwer IndiaIndia2015
8. CC Dennett J Simon The role of polycystic ovary syndrome in reproductive and metabolic health: overview and approaches for treatmentDiabetes Spectr201528211620
9. UA Ndefo A Eaton MR Green Polycystic Ovary SyndromePharm Ther20133863368
10. M Sivakami AM Eijk H Thakur N Kakade Effect of menstruation on girls and their schooling, and facilitators of menstrual hygiene management in schools: surveys in government schools in three states in IndiaJ Glob Health20159101040810.7189/jogh.09.010408