

Be Aware with PMDD

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ABSTRACT

PMDD is not related to any organic lesion but affects the personality with socio-economic loss. Due to some hormonal changes during menstrual phases some patients suffering from irritability, nervousness, depression, anxiety, mood disorder. Homoeopathy system of medicine have great potential to treat PMDD with the approach of individualisation.

KEYWORDS: PMDD, Homoeopathic approach

Abbreviation: PMDD- Pre-menstrual dysphoric disorder

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INTRODUCTION

Pre-menstrual dysphoric disorder (PMDD) is a condition in which a woman has severe depression symptoms, irritability and tension during the last 7-10 days of the menstrual cycle, that is, before menstruation. PMDD occurs more frequently in middle aged women. PMDD is important for namely two reasons, firstly because the symptoms of PMDD are responsible for socio-economic loss and secondly because of associated legal and women's right issue that have arisen in conjunction with personal accountability during the pre-menstrual period.¹ PMDD is not related to any organic lesion, occurs regularly during luteal phase of ovulatory menstrual cycle. Symptoms of PMDD are severe, disturbing daily functioning of life or she requires medical help. Remaining period of menstrual cycle is free from symptoms. Causes – exact cause of PMDD is not known but some possible causative factors are found (1) alteration in the levels of oestrogen and progesterone, (2) decreased synthesis of serotonin during luteal phase (3) withdrawal of endorphins during luteal phase (4) some hormones such as thyrotropin releasing hormone, prolactin, rennin, aldosterone, prostaglandins are responsible for the symptoms of PMDD.²

Clinical features

General symptoms – abdominal bloating, breast tenderness, swelling of extremities, weight gain, headache, increased appetite.

Mental symptoms – increased irritability, depression, forgetfulness, restlessness, tearfulness, anxiety, tension, confusion, anger, mood swings.

Behavioural symptoms – fatigue, tiredness, insomnia, dyspareunia

Treatment

Lifestyle modifications, dietary changes, exercise, yoga, stress management, avoidance of salt, coffee, caffeine, alcohol in second half of cycle.

Homoeopathic approach

Homoeopathy with its holistic approach proves to be one of the most valuable systems of medicine while dealing with the cases of PMDD. The innermost core of philosophy allows treating the patients on the basis of individualisation

Related rubrics –

1. Boericke Repertory

Female sexual system – complaints pre-ceding and attending flow, breasts tender

Female sexual system – complaints preceding and attending flow, hysterical symptoms

Female sexual system – complaints preceding and attending flow, irritability

Female sexual system – complaints preceding and attending flow, nervous disturbance, restlessness

2. Boger Boenninghausen's Characteristics Materia Medica and Repertory

Menstruation – Concomitants before menses – appetite affected

Menstruation – Concomitants before menses – sleep affected

Menstruation – Concomitants before menses – restlessness

Menstruation – Concomitants before menses – sick feeling

Menstruation – Concomitants before menses – weakness, tiredness

Menstruation – Concomitants before menses – discomfort

Menstruation – Concomitants before menses – sensorium, faintness

3. Uterine Therapeutics by Henry Minton

Before menstruation – Concomitant symptoms – aggravation of all her complaints

Before menstruation – Concomitant symptoms – anorexia

Before menstruation – Concomitant symptoms – anxious

Before menstruation – Concomitant symptoms – apprehension

Before menstruation – Concomitant symptoms – aversion to work

Before menstruation – Concomitant symptoms – excitement, great

Before menstruation – Concomitant symptoms – exhaustion

Before menstruation – Concomitant symptoms – fear, full of

Before menstruation – Concomitant symptoms – headache

Before menstruation – Concomitant symptoms – irritability

Before menstruation – Concomitant symptoms – mental disturbances

Before menstruation – Concomitant symptoms – restlessness

Before menstruation – Concomitant symptoms – sleep disturbed

4. Repertory of Hering's Guiding Symptoms of Our Materia Medica by Calvin B. Knerr

Female sexual organs – Menses – before menses – appetite, loss of

Female sexual organs – Menses – before menses – bearing down abdomen

Female sexual organs – Menses – before menses – delirium

Female sexual organs – Menses – before menses – faintness

Female sexual organs – Menses – before menses – headache

Female sexual organs – Menses – before menses – hysteria

Female sexual organs – Menses – before menses – sickness

Homoeopathic medicines:

1. Natrum Muriaticum – depressed and introverted with feeling of grief, disappointed love, fright, anger. Constantly dwelling on past unpleasant memories. Consolation aggravates the complaints. Patient wants to be alone to cry. Fear of being rejected. Headache worse on awaking, from sunrise to sunset, during, before or after menses. Headache aggravating after reading and better by sleep. Nervous headache of school-going girls. All day offensive feeling with palpitations, wants to be alone during menses. Anxiety in morning, before appearance of delayed menses with nausea and expectoration of blood in saliva. Sleepy at night but forced to rise due to anxiety before menses.³⁽ⁱ⁾

2. Lachesis – great loquacity. Sad in the morning; no desire to mix with the world. She is restless, does not wish to attend to business. She has climacteric troubles with palpitations, flashes of heat and fainting spells. Menses too short, too feeble. Pains are relieved by the flow; less the flow more the pain. Mammae inflamed and bluish. Dysmenorrhea on first day. Desire to go in open air and run about before menses. Feeling well at beginning of menses and close of menstruation.⁴⁽ⁱ⁾

3. Sepia – bearing down sensation as if everything would escape through the vulva; must cross limbs to prevent protrusion. Menses too late and scanty, irregular. Indifferent to those loved the best.

Aversion to occupation. Easily irritable, easily offended. Weeping while telling symptoms. Constantly worries about her real or imaginary illness. Feels unfortunate without cause. Women hate men. Terrible shock like headache at menstrual time with scanty flow. Mania from profuse menses.⁵⁽ⁱ⁾

4. **Nux vomica** – very irritable, sensitive to all impressions. Cannot bear noise, odor and light. Does not want to be touched. Menses too early, lasting for long duration, always irregular, blood black with fainting spells. Dysmenorrhea with pain in sacrum and constant urging to stool. Cannot sleep after 3 am until towards morning. All the old symptoms are aggravated after menses. Sleepy in evening or sleepless from rush of ideas. Weeping and talking during sleep.³⁽ⁱⁱ⁾
5. **Pulsatilla** – easily weeping tendency; craves sympathy. Fear of being alone, fear of dark, fear of ghost. Highly emotional. Suppressed menses from getting feet wet. Menses are too late, scanty, thick, dark clotted, changeable and intermittent. Diarrhoea during or after menses. Tensive pain in thigh and leg with restlessness. Ill effects of suppression of menses. Never well since puberty. Chorea from amenorrhoea or dysmenorrhoea. Epilepsy with absent or irregular menses. Mania from suppressed menses. Vertigo aggravated before and during menses. Headache ameliorated from walking in open air.⁴⁽ⁱⁱ⁾
6. **Murex**– especially adapted to nervous, lively, affectionate women. She is very weak and run down. Pulsation in the neck of womb. Feeling as if something was pressing on a sore spot in the pelvis, aggravated after sitting. Pain from right side of womb to right or left side of breasts. Sore

pain in uterus. Menses irregular, profuse, frequent with large clots. Leucorrhoea alternates with mental symptoms. Bearing down pain, must keep legs tightly crossed.⁶

Conclusion

The study has demonstrated usefulness of homoeopathic treatment in management of PMDD, which is reflected in significant reduction of hyperactivity, behavioural dysfunction as well as communication difficulty before menses. This was demonstrated well in psychosocial improvement in patient suffering from PMDD.

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