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TITLE OF PRESENTATION



**DYSMENORRHEA: “LEADING CAUSE
OF SCHOOL ABSENTISM.”**



DEFINITION

EPIDEMIOLOGY

PATHO
PHYSIOLOGY

RISK FACTORS

TYPES

VARIETIES

CLINICAL FEATURES

MEASUREMENT

EXAMINATION

INVESTIGATION

*DIFFERENTIAL
DIAGNOSIS*

MANAGEMENT

DEFINITION

DYSMENORRHEA / DYSMENORRHOEA :

- The term “**Dysmenorrhoea**” is used to designate the condition in which menstruation is performed with *difficulty and pain*.
- The pain, the essential element, is of *various degrees of intensity*, and, like all uterine and ovarian pain, is chiefly felt at the bottom of the back and within the lower part of the abdomen.
- It is the leading cause of lost time *from school and work* among women in *teens and 20's*.



EPIDEMIOLOGY

- ▶ **Primary Dysmenorrhea** is by far the most common gynecological problem in *young menstruating women*.
- ▶ It is so common that many women fails to report it in medical interviews, even when their daily activities are restricted.
- ▶ Reported prevalence rates are as high as 90 %.

INCIDENCE

- ▶ The peak incidence of **Primary Dysmenorrhoea** occurs in late adolescence and the early 20s.
- ▶ It is more common amongst girls from affluent society.
- ▶ The incidence of Dysmenorrhoea in adolescents is reportedly as high as 92%.
- ▶ The incidence falls with increasing age and with increasing parity.

PREVALENCE

- ▶ The prevalence and severity of Dysmenorrhoea in parous women were significantly lower.
- ▶ In an **Epidemiologic study** of an adolescent population (aged 12-17 y), Klein and Litt reported a prevalence of Dysmenorrhoea of 59.7%. of patients reporting pain, 12% described it as severe; 37%, as moderate; and 49%, as mild.
- ▶ Dysmenorrhoea caused 14% of patients to miss school frequently.

AGE

- ▶ Primary dysmenorrhoea is predominantly confined to adolescent girls.
- ▶ The most severe cases are seen between the age of 15 & 19.
- ▶ It is rare to encounter in women over the age of 35.

RACE

- ▶ No data suggest that race affects the incidence of dysmenorrhoea.



Depression/anxiety
Disruption of social
networks

Earlier age at menarche





DYSMENORRHEA

**Primary
Dysmenorrhea**

**Secondary
Dysmenorrhea**

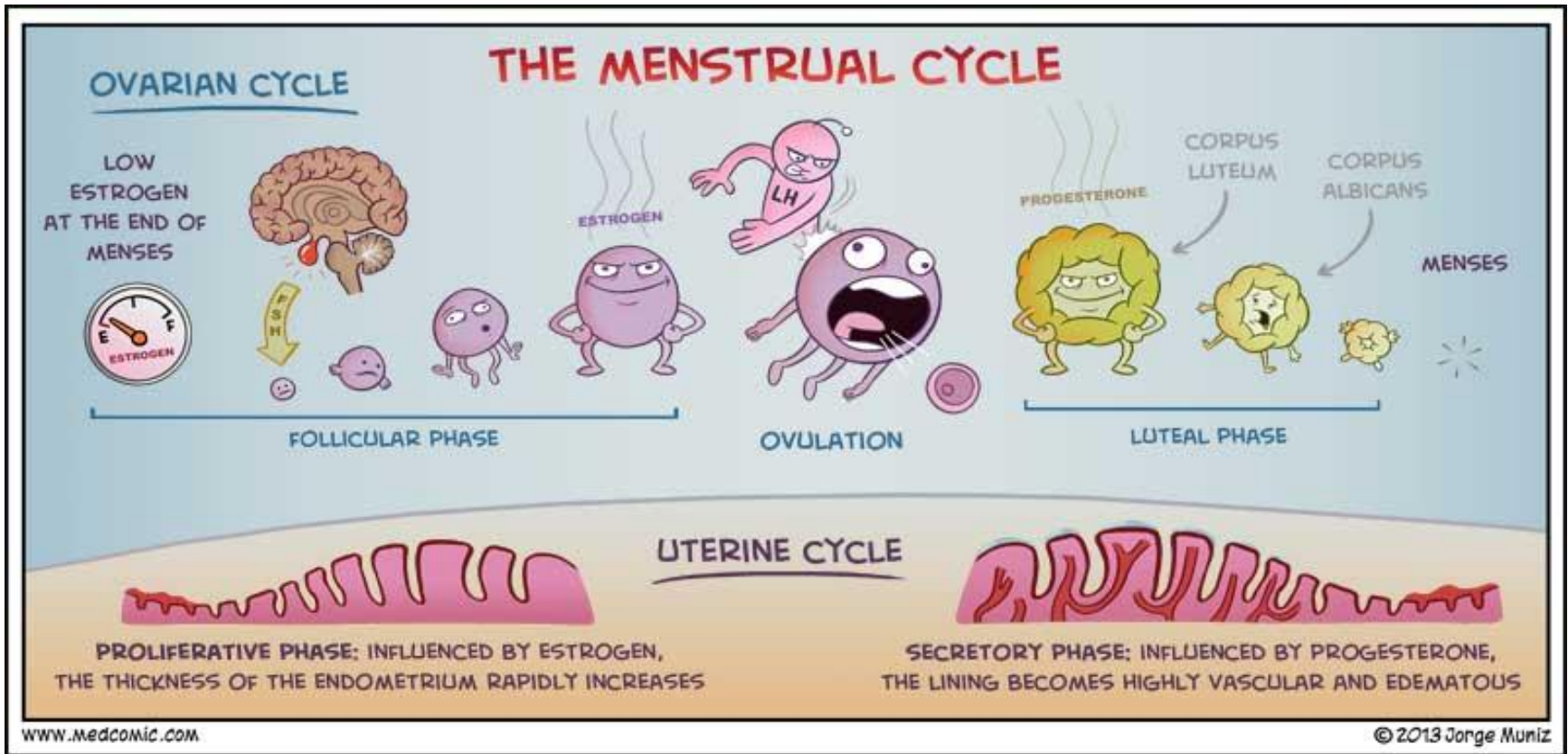
PRIMARY DYSMENORRHEA

- **Primary Dysmenorrhoea** usually begins 6 to 12 months after menarche, almost invariably coinciding with the onset of ovulatory cycles.
- It is one where there is no identifiable **pelvic pathology**.

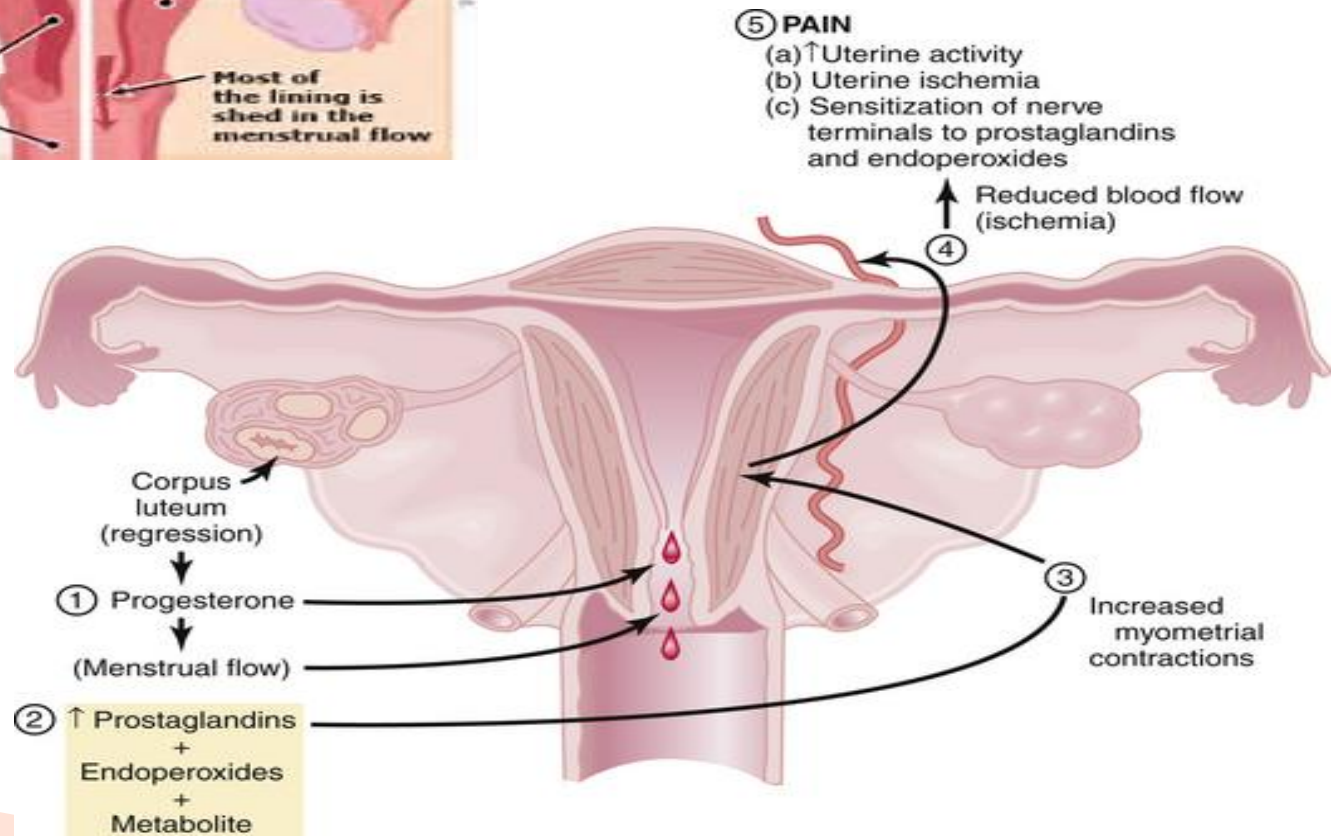
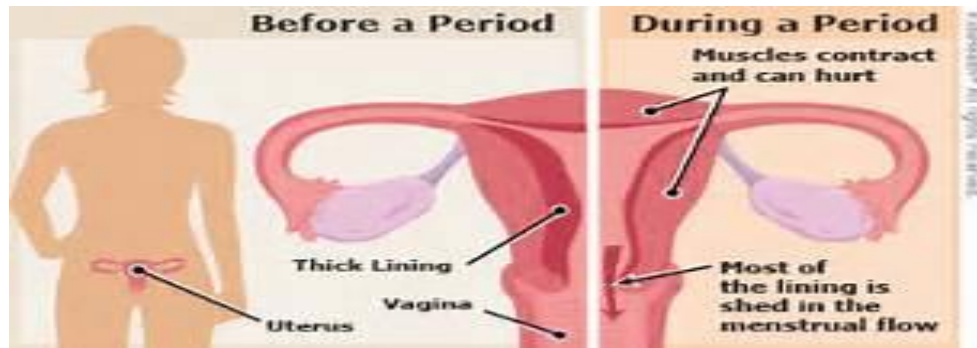
INCIDENCE :

- The incidence of Primary Dysmenorrhoea of sufficient magnitude with incapacitation is about 15- 20% .

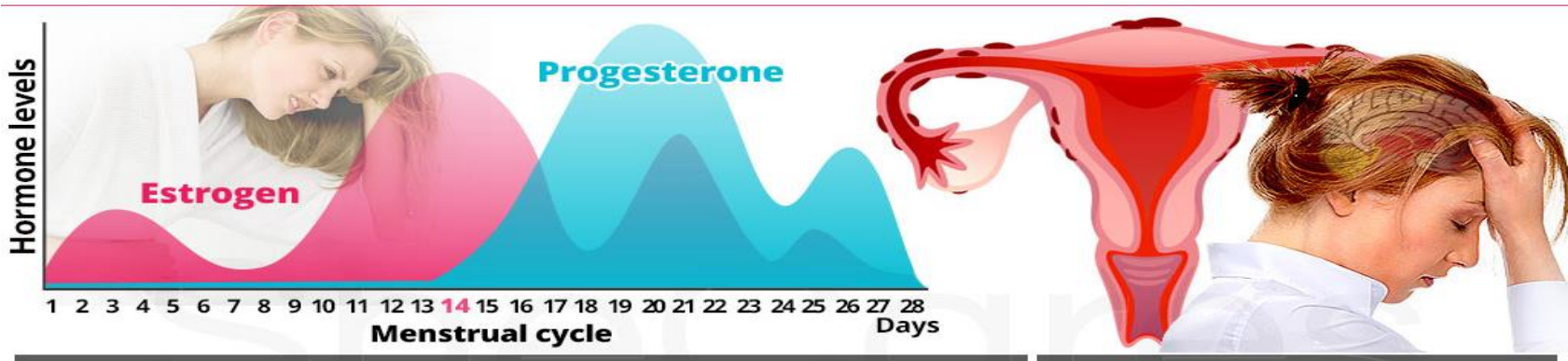
Normal Menstruation



Pathophysiology



CAUSE OF PAIN



- **Mostly confined to adolescents.**
- **Almost always confined to ovulatory cycles.**
- **Psychosomatic factors of tension and anxiety during adolescence; lower the pain threshold.**
- **Abnormal anatomical and functional aspect of myometrium.**
- **Uterine myometrial hyperactivity has been observed in cases with Primary Dysmenorrhoea.**
- **Imbalance in the autonomic nervous control of uterine muscle.**

OTHER FACTORS OF PAIN

- ▶ Lack of exercise.
- ▶ Psychological or social stress.
- ▶ Smoking.
- ▶ Drinking alcohol.
- ▶ Being overweight.



CLINICAL FEATURES

- ▶ **The pain is often intense, cramping, crippling and severely incapacitating so that it causes a major disruption of social activities.**
- ▶ **The pain begins a few hours before or just with the onset of menstruation.**
- ▶ **The severity of pain usually lasts for few hours, may extend to 24 hours but seldom persists beyond 48 hours.**
- ▶ **The pain is spasmodic and confined to lower abdomen; may radiate to the back and medial aspect of thighs.**

Associated Systemic discomfort

- ▶ Nausea and vomiting.
- ▶ Diarrhea.
- ▶ Headache.
- ▶ Fainting & fatigue.
- ▶ Tachycardia.



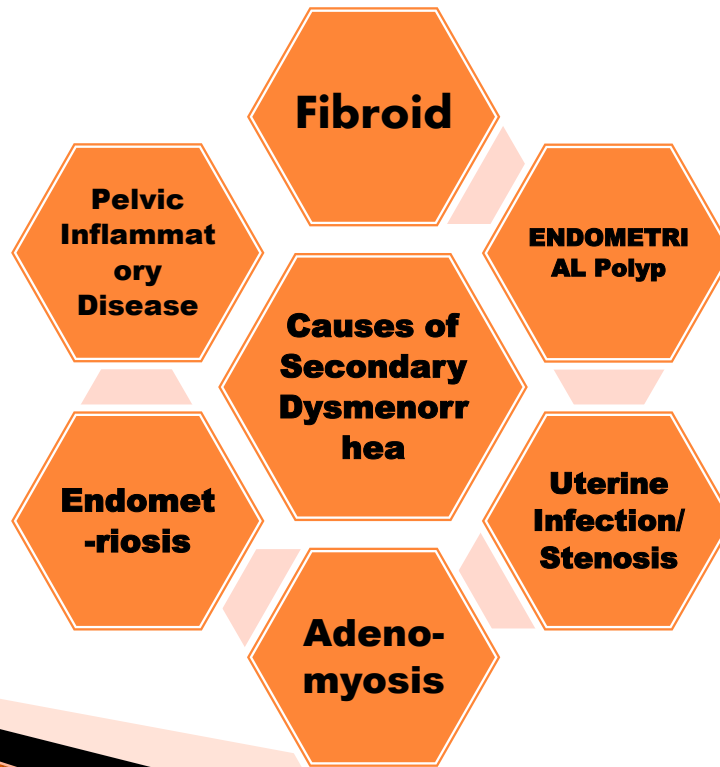
SECONDARY DYSMENORRHOEA

- ▶ **Secondary dysmenorrhoea** is caused by organic pelvic pathology and it usually has its onset many years after the menarche.
- ▶ Any woman who develops secondary dysmenorrhoea should be considered to have organic pathology in the pelvis until proved otherwise.



CAUSES OF PAIN

- The pain may be related to increasing tension in the pelvic tissues due to pre – menstrual pelvic congestion or increased vascularity in the pelvic organs.
- Pelvic examination is particularly important in this situation and, if the findings are negative, laparoscopy is indicated.



PATHOPHYSIOLOGY OF SECONDARY DYSMENORRHOEA

- ▶ The mechanism of pain in Secondary Dysmenorrhoea is due to pelvic congestion which is more marked in the **premenstrual period**.
- ▶ Pain increases in its severity as menstruation approaches and is relieved by the onset of menstrual flow, due to the diminution of pelvic congestion.

CLINICAL FEATURES

- ▶ The pain is dull, situated in the back and in front without any radiation.
- ▶ It usually appears 3-5 days prior to the period and relieves with the start of bleeding.
- ▶ The onset and duration of pain depends on the pathology producing the pain.
- ▶ The patients may have got some discomfort even in between periods. There are symptoms of associated pelvic pathology.

Varieties of Dysmenorrhea

SPASMODIC DYSMENORRHEA	CONGESTIVE DYSMENORRHEA	MEMBRANOUS DYSMENORRHEA
<p>It is the most prevalent and manifests as cramping pains, generally most pronounced on the first and second day of menstruation.</p>	<p>Manifests as increasing pelvic discomfort and pelvic pain a few days before menses begin. There after the patient rapidly experiences relief in her symptoms.</p> <p>This variety is commonly seen in pelvic inflammatory disease or pelvic endometriosis and fibroids.</p>	<ul style="list-style-type: none">▪Is a special group in which the endometrium is shed as a cast at the time of menstruation.▪The passage of the cast is accompanied by painful uterine cramps.

HISTORY TAKING

▶ Pain

- Time
- Location
- Degree

▶ Menses

- Quantity
- Colour
- Texture

➤ Disruption in life-style.

➤ Previous obs. & gynae. history.

➤ Contraceptive methods



EXAMINATION

- ▶ **Vaginal exam not essential in young female with Primary Dysmenorrhea.**
- ▶ **Vagina – septum**
- ▶ **cervical - moving tenderness**
- ▶ **Uterus- size / mobility/ position/ tenderness.**
- ▶ **Adnexa –tenderness/enlargement**



Dysmenorrhea: Assessment

A MEDICAL ASSESSMENTS SHOULD INCLUDE:

- Patient history.
- Physical examination.

PRIMARY DYSMENORRHEA

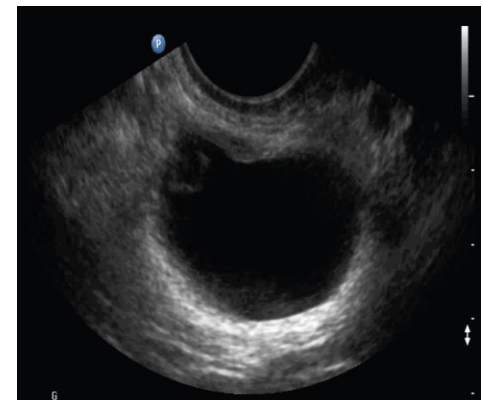
- cramping pain with menstruation and the physical examination is completely normal.

SECONDARY DYSMENORRHEA

- the history discloses cramping pain starting after 25 years old with pelvic abnormality.
- history of infertility.
- heavy menstrual flow.
- irregular cycles.
- little or no response to NSAIDs
- detailed sexual history to assess for inflammation or scarring.

Continued:

- ▶ Bimanual pelvic examination in non menstrual phase of the cycle
- ▶ **LABORATORY TESTS FOR:**
 - CBC to R/O anaemia
 - Urine analysis to R/O bladder infection
 - Pregnancy test
 - Cervical culture to exclude STI
 - ESR to detect an inflammatory process
 - Pelvic and vaginal U/S
 - Diagnostic laprascopy or lapratomy to detect any pathology.



DIFFERENTIAL DIAGNOSIS

TORSION OF OVARIAN CYST

**URINARY
STONES**

APPENDICITIS

**COLITIS &
ACUTE
GASTROENT-
ERITIS**

Management of Dysmenorrhea

ALLOPATHIC MANAGEMENT

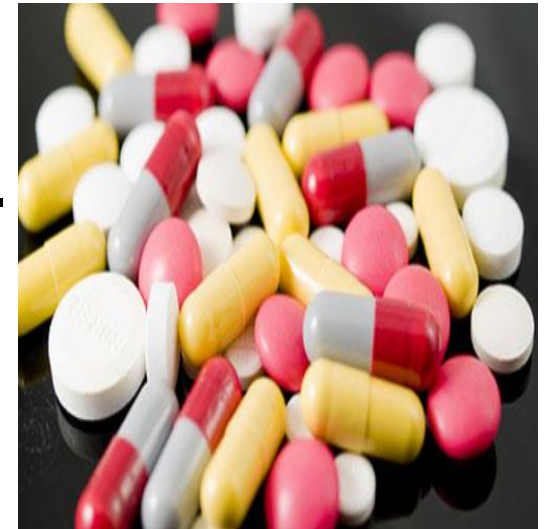
HOMOEOPATHIC MANAGEMENT

NATURAL THERAPY & LIFESTYLE MANAGEMENT

ALLOPATHIC MANAGEMENT

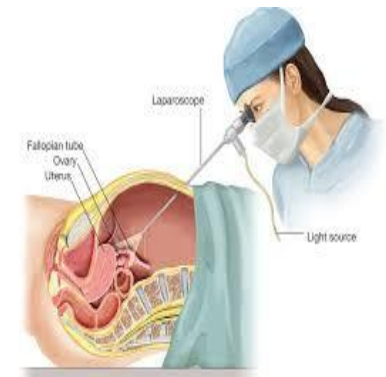
Primary dysmenorrhea is usually treated by-

- ▶ Medication such as an analgesic medication.
- ▶ Many women find relief with non steroidal anti-inflammatory drugs (NSAIDs) such as–
 - Ibuprofen.
 - Naproxen.
 - And acetylsalicylic acid (ASA).
- ▶ Oral contraceptives.

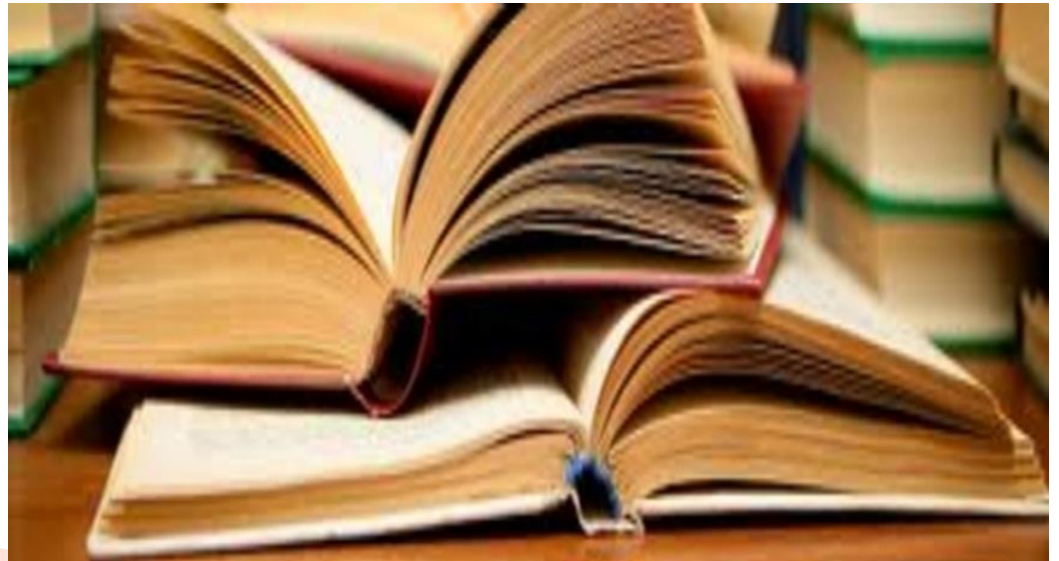


Continued:

- ▶ Women who do not respond after three months of treatment with NSAIDs and hormonal contraceptives may have secondary dysmenorrhea.
- ▶ Treatment for **Secondary Dysmenorrhea** will vary with the underlying cause.
- Diagnostic laparoscopy, other hormonal treatments, or trial of transcutaneous electrical nerve stimulation (TENS) are potential next steps.
- Surgery can be done to remove fibroids or to widen the cervical canal if it is too narrow.



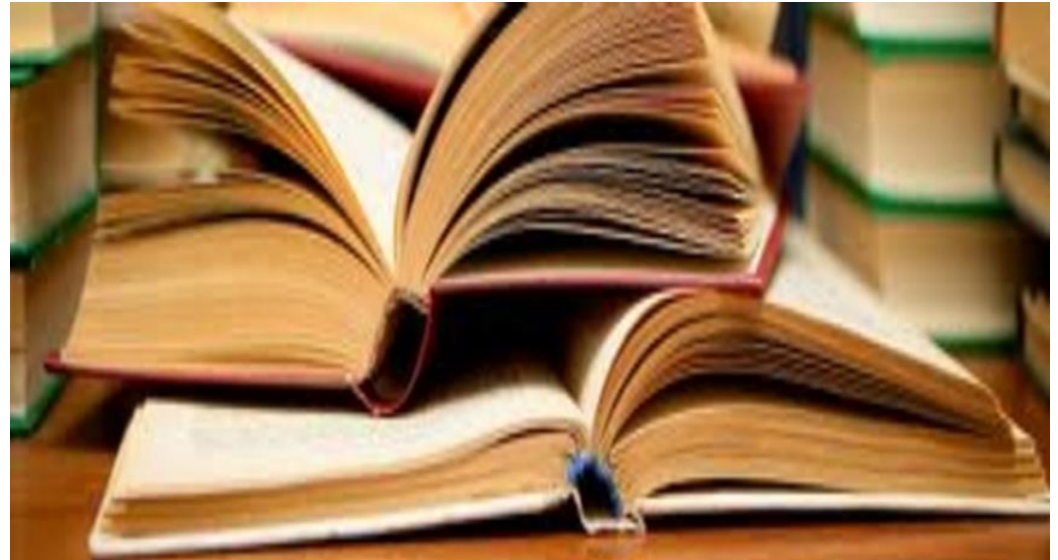
MIASMATIC ANALYSIS OF SYMPTOMS OF DYSMENORRHOEA.



PSORA	SYPHILIS	SYCOSIS	PSEUDO PSORA
<p>Pain usually- Sharp. Never colicky.</p>	<p>Profuse menstrual flow.</p>	<p>Flow offensive, clotted, dark even black, fish brine odour.</p>	<p>Headache, backache, neuralgias, epistaxis, diarrhoea, nausea, vomiting, cold extremities, febrile states.</p>
			<p>Hysterical, sad, gloomy, fear, sensitive, nervous irritability & inclination to weep.</p>

PSORA	SYPHILIS	SYCOSIS	PSEUDO PSORA
<p>All functional menstrual disorders. Dysmenorrhoea shows itself— Very early. At puberty. At climacteric.</p>	<p>Depression and fears during menses.</p>	<p>Pains and diseases of uterus, spasmodic, colicky and paroxysmal. Acrid discharge, Pruritis, painful and frequent urination, mastodynia.</p>	<p>Painful, always exhausting, prolonged, copious. Feels badly a week before menses. Flow bright red, thin, watery.</p>

REPERTORIAL ANALYSIS



According to the Repertory of Homoeopathic Materia Medica by J.T. KENT-

GENITALIA FEMALE, Menses: Painful, Dysmenorrhoea:

- ▶ **BELL, CACT, CALC-P, CHAM, & KALI-C.**
- ▶ *Acon, Am-c, Ars-alb, Calc, Caul, Coff, Coloc, Dios, Lac-c, Lach, Lil-t, Lyco, Med, Meli, Nat-c, Nux-v, Phos, Puls, Sabin, Sep, Sulph, Sep, Sulph, Tub, Verat & Xan.*

GENITALIA FEMALE, Menses: Painful, Dysmenorrhoea: Feet wet, from getting :

- ▶ **PULS.**
- ▶ *Phos & Rhus-t.*

According to the Boeninghausen's Characteristics And Repertory by C.M.BOGER-

GENITALS, MENSTRUATION: Menses: Painful:

- ▶ *Calc, Cham, Cimic, Cocc, Con, Cupr, Graph, Lyc, Med, Nux-m, Plat, Puls, Sep, Sulph, Tub, Verat, Vib.*

According to SYNTHESIS Repertory-

FEMALE GENITALIA/SEX – Menses – painful :

abrom-a.;1; abrot.;1; acon.;2; aesc.;1; alum.;1; alum-sil.;1; am-c.;3; am-m.;1; anac.;2; ant-t.;2; apis;1; arg-n.;1; arn.;1;asar.;1; asc-c.;1; bar-c.;1; bell.;3; bell-p.;1; berb.;2; borx.;2; bov.;1; bry.;1;cact.;3; calc.;2; calc-p.;3;carb-v.;1; caul.;2; caust.;2;cham.;3; cic.;1; cimic.;3; coff.;2; coll.;1; coloc.;2; crot-h.;1;cycl.;2;dios.;2; dulc.;2.

CONTINUED:

- ▶ ferr.;1; gels.;2; graph.;2; grat.;1; guaj.;2; haem.;1; ham.;1; hyper.;1; ign.;2; iod.;1; ip.;1; iris;1; kali-bi.;1; kali-c.;3; lil-t.;2; mag-c.;1; mag-m.;1; mag-p.;3; nat-c.;2; nat-m.;1; nat-p.;1; nit-ac.;1; plat.;2; psor.;3; puls.;2; rhus-t.;2; sabin.;2; sep.;2; sil.;1; tarent.;2; verat.;2; verat-v.;3; vib.;3; xan.;3; zinc.;2;

According to the Homoeopathic Medical Repertory by ROBIN MURPHY-

FEMALE : dysmenorrhoea, spasmodic, neuralgic:

- ▶ Acon, Agar, **BELL**, *Caul, Cham, Cimic, Coff, Coll, COLOC, Gels, Glon, Gnaph, Mag-m, MAG-P, Nux v, Puls, Sabin, Sant, Sec, Senec, Sep, Verat-v, Vib, Xanth*

According to the COMPLETE Repertory-

FEMALE GENITALIA: Menses : Painful, Dysmenorrhea:

▶ 3 Marks

Am-c, Bell, Cact, Calc-p, Cham, Cimic, Cocc, Erig, Kali-c, Mag-p, Mill, Psor, Puls, Sulph, ust, Verat-v, Vib, Xan

▶ 2 marks

Acon, Anac, Ant-t, Ars, Berb, Bor, Bry, Calc, Caul, Caust, Coff, Coloc, Con, Dios, Dulc, Gels, Ham, Helon, Ign, Kali-p, Kali-s, Lac-c, Lach, Mag-c, Merc, Nat-c, Nux-v, Phos, Plat, Rhus-t, Sabin, Sep, Syph, Tanac, Tarent, Tub, Verat, Zinc.

▶ 1 Mark

Abrot, Alum, Alumn, Ammc, Ant-c, Apis, Arg-n, Aur, Bar-c, Calc-s, Calc-sil, Cann-l, Cann-s, Canth, Carb-v, Cic, Crot-c, Euphr, Ferr, Ferr-ar, Ferr-p, Glon, Hep, Hyos, Hyper, Iod, Iodof, Ip, Kali-bi, Kalm, Kreos, Led, Lob, Mag-m, Mag-s

HOMOEOPATHIC MANAGEMENT

- Constitutional Approach
- Acute Remedies for Pain Management.



ACONITUM

- In cases due to inflammation or congestion of the uterus or ovaries , especially it attended with febrile symptoms.

ARSENICUM

- Neuralgic pain burning, restlessness, prostration, chronic inflammation of the uterus.

BELLADONNA (Deadly nightshade)

- ▶ Congestive enlargement of uterus or ovaries, bearing down pain.
- ▶ Dryness and heat in the vagina.
- ▶ There is severe inflammation and the parts become very sensitive.
- ▶ Dragging pains in loins , severe throbbing in sacrum.

BORAX

- ▶ Membranous Dysmenorrhoea.
- ▶ Menses too early, too profuse, and attended with colic and nausea; flow preceded by stitching pains in pectoral region, lancinating pains in the groin during the flow.
- ▶ Sterility.

CHAMOMILLA

- ▶ Too early , too profuse, with dark, coagulated, sometimes offensive blood ; membranous dysmenorrhoea.
- ▶ Cutting colic in abdomen and thighs ; irritable and snappish ; during : profuse discharge of large clotted blood, severe labor like pains in the uterus; tearing pains down the thighs, gripping and pinching in uterus, followed by discharge of clots.

CIMICIFUGA

- ▶ Spasmodic dysmenorrhea , pains persists until flow ceases.
- ▶ Spasmodic dysmenorrhea , pains persists until flow ceases.
- ▶ Mainly young unmarried females.
- ▶ Bearing down sensation with pressing pains in uterine region , pains shifting from one hip to another.
- ▶ Dysmenorrhoea with rheumatic complaints.

CAULOPHYLLUM

- ▶ Dysmenorrhoea, with pains flying to other parts of body.
- ▶ Erratic pains changing place every few minutes. Pains are intermittent, paroxysmal, spasmodic. Chorea, hysteria or epilepsy at puberty, during establishment of menstrual functions.
- ▶ Before menses: pain in small of back, great aching and soreness of lower limbs, bitter taste, vertigo, chilliness, flow very scanty, blood very light, with intense nausea and vomiting of yellow bitter matter, pain unremitting for several hours, habitual cold feet became warm.

MELILOTUS ALBA

- ▶ Congestion of the uterine mucous membrane, of the ovaries, of the fallopian tubes which makes the patient restless.
- ▶ Flow starts, stops and reappears after a gap of ten to fifteen days or so , striking pains in external genitalia.

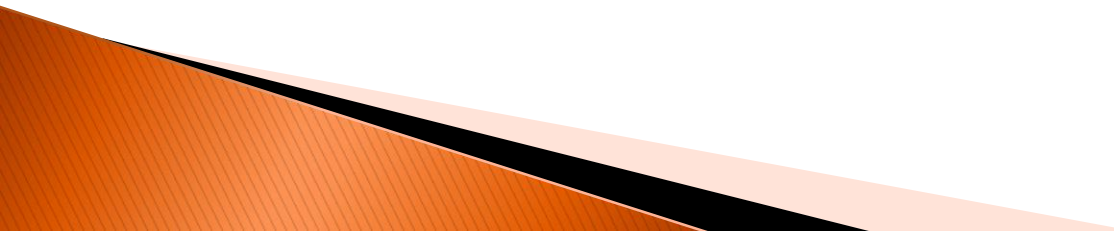
PULSATILLA

- ▶ Derangements at puberty; menses, suppressed from getting the feet wet; too late, scanty, slimy, painful, irregular, intermittent flow, with evening chilliness; with intense pain, changeable, comes suddenly and goes gradually, great restlessness and tossing about, flows more during day.
- ▶ Delayed first menstruation. Mild, gentle, weeping disposition, fair complexion.
- ▶ Catamenia with colic, hysterical spasms in abdomen, hepatic pains, gastralgia, pain in loins, nausea and vomiting, vertigo, tenesmus of anus and bladder, stitches in side, and many other sufferings before, during, or after period. Diarrhoea during menses.

SENECIO AUREUS

- ▶ Dysmenorrhoea with urinary symptoms, cutting in sacral and hypogastric regions, flow scanty or profuse or irregular, pale, weak, anaemic, strumous, hacking cough at night, wandering pains in back and shoulders.

VIBURNUM OPULUS

- ▶ Spasmodic and membranous dysmenorrhoea, when the menses are too late, scanty and lasting for few hours.
 - ▶ Bearing down pains in the uterine region.
 - ▶ Tearing and shooting pains in ovarian region
 - ▶ Uterine complaints associated with cramps in the thighs, extending to calf.
 - ▶ Colicky pains in pelvic region.
- 

XANTHOXYLUM

- ▶ Menses are too early and painful , usually associated with ovarian neuralgia with pain in loins and lower abdomen.
- ▶ The pains are agonizing and shooting which start in left loin and travel down the thigh.
- ▶ Given for neuralgic dysmenorrhoea.
- ▶ Neurasthenic patients who are thin, emaciated with poor assimilation and insomnia.
- ▶ With dysmenorrhoea there are gripping pains in abdomen with diarrhea.

MAGNESIA PHOSPHORICA. [MAG-P]

- ▶ The pains calling for it are neuralgic and crampy preceding the flow, and the great indication for the use of this remedy is the relief from warmth and the aggravation from motion.
- ▶ In neuralgia of the uterus Magnesia phosphorica vies with Cimicifuga.
- ▶ Uterine engorgements with the characteristic crampy pains will indicate the remedy. It has also been used successfully in membranous dysmenorrhea.

- ▶ Hale mentions *Viburnum*, *Guaiaicum* and *Ustilloago*, besides *Borax*, for Membraneous Dysmenorrhea.
- ▶ *Colocynth*, a useful remedy in dysmenorrhea, may be compared with *Magnesia phosphorica*.
- ▶ The symptoms of *Colocynth* are severe left-sided ovarian pains, causing patient to double up; pains extend from umbilicus to genitals.

Research on Dysmenorrhea in Homoeopathy.

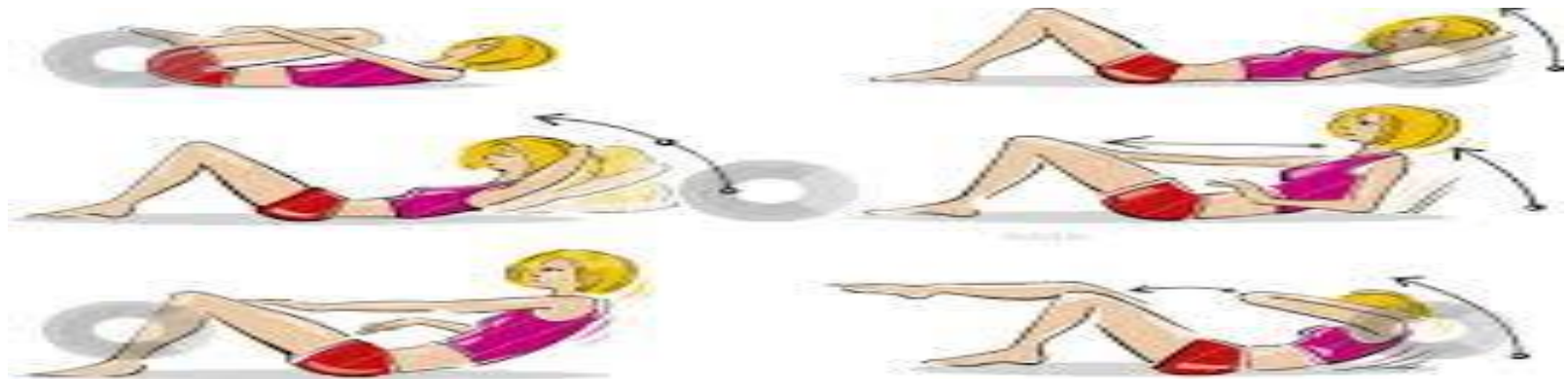
- ▶ A prospective research-targeted study has shown strongly positive outcomes (+3/+2) in dysmenorrhea (28%).
- ▶ Individualized prescription predominated (95%).
- ▶ This systematic recording catalogue the frequency and success rate of treating Obs. & Gyn. conditions using Homoeopathy.

NATURAL THERAPY AND LIFESTYLE MANAGEMENT



Exercise:

- Exercising most days of the week can make you feel better. Aerobic workouts such as-
 - Walking.
 - Jogging.
 - Biking, or swimming.
 - Help produce chemicals that block pain.



APPLY HEAT



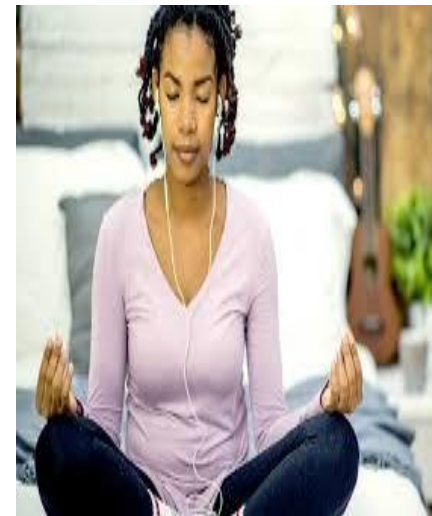
- A warm bath or a heating pad or hot water bottle on your abdomen can be soothing.

SLEEP

- Make sure you get enough sleep before and during your period. This can help you cope with any discomfort.

RELAX

- Meditate or practice yoga. Relaxation techniques can help you cope with pain.



DIET CHANGES

▶ Decrease salt.

▶ Sugar

▶ Caffeine.



▶ Increase protein, ca, mg & vit. B Complex

Home Remedies for Dysmenorrhea



Ginger



Yoga



Mint



Angelica sinensis



Beet



Cinnamon



Balanced diet



Aloe vera

Parsley is rich in pain relieving properties

Aloe vera and sesame seeds are useful in treating menstrual problems

Regular yoga and exercise are effective in controlling dysmenorrhea



Mint tea helps in alleviating associated pain of dysmenorrhea

Ginger and holy tulsi are effective in treating dysmenorrhea

Coriander and beet root are good remedies for curing dysmenorrhea





Intake of balanced diet and hot liquids is beneficial in preventing dysmenorrhea

Cinnamon helps to reduce pain during menstrual cramps

Asafetida aids in production of progesterone which helps in menstruation

Angelica sinensis aids in controlling dysmenorrhea





How to fight
your way
through
DYSMENORRHEA

Yoga Poses to Relief Pain



BOAT



CAMEL



COBRA



PIGEON



CAT



COW



BUTTERFLY



FISH

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Thank you

