Journal of Neonatal Surgery
ISSN(Online): 2226-0439
Vol. 14, Issue 20s (2025)
https://www.jneonatalsurg.com

OPEN ACCESS

A Homoeopathic Approach to Managing Menstrual Health-A Review Article

Dr. Priyanka Bhatt[*1], Dr.D.K. Bhardwaj[2], Dr. Shreya Dwivedi[3], Dr. Rinku Bishwas[4], Dr. Ruchi Biswas[5]

[1*]B.H.M.S., M.D.(Hom), PhD. (Hom) (Scholar), Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Tantia University, Sri Ganganagar, Rajasthan, India

Email ID: Holysoul311@yahoo.co.in

[2]B.H.M.S., M.D.(Hom), Research supervisor /Guide, Department of Community Medicine-Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Tantia University, Sri Ganganagar, Rajasthan, India

[3]B.H.M.S., Intern, National Homoeopathic Medical College and Hospital, Lucknow, U.P., India

[4]H.O.D.and Professor-Department of Pathology & Microbiology, State Lalbahadur shastri Homoeopathic Medical College and Hospital, Shantipuram, Prayagraj

[5]H.O.D and Professor- Department of Forensic Medicine & Toxicology, State National Homoeopathic Medical college and Hospital, Gomti nagar, Lucknow

***Corresponding Author:**

Dr. Priyanka Bhatt

B.H.M.S., M.D. (HOM), Department of Community, Medicine -National Homoeopathic Medical College and Hospital, Lucknow, U.P., India

Email ID: Holysoul311@yahoo.co.in

Cite this paper as: Dr. Priyanka Bhatt, Dr.D.K. Bhardwaj, Dr. Shreya Dwivedi, Dr. Rinku Bishwas, Dr. Ruchi Biswas, (2025) A Homoeopathic Approach to Managing Menstrual Health-A Review Article. *Journal of Neonatal Surgery*, 14 (20s), 52-55.

ABSTRACT

PRE-MENSTRUAL SYNDROME (PMS) is a group of symptoms, which are physical, mental and behavioral, arising days before the onset of menstrual period. Usually, the symptoms disappear after the menstrual flow begins. This period of PMS is observed during luteal phase of menstrual cycle.

The symptoms are characterized by irritability, anxiety, emotional lability, depression, oedema, bloating, breast pain, acne, fatigue and headache occurring during the 7 to 10 days before and usually ending a few hours after the onset of menses.

This article aims to explore the potential of Homoeopathy in the management of PMS, focusing on the remedies commonly used in clinical practice, the principles behind their selection, and the evidence supporting their efficacy.

Keywords: *Premenstrual Syndrome, Homoeopathy, Individualized and Holistic approach, Homoeopathic remedies*

1. INTRODUCTION

According to ACOG, premenstrual syndrome (PMS) is a real and common medical condition that affects many women. They estimate that about 85% of menstruating women experience at least one symptom of PMS during their reproductive years, and approximately 5-10% experience moderate to severe PMS symptoms.

It is a very important issue to be discussed as PMS symptoms are increasing day by day in females and it has direct relation with the hormonal changes, as more symptom means more disturbances at endocrine level.

Therefore, investigating the efficacy of individualized homoeopathic medicine on the basis of miasm in treatment of PMS would add much more to the exploration of action of homoeopathic medicine. Alternative therapies in general and homeopathy in particular, have few scientific evaluations of efficacy, also very few researches on treatment based on miasmatic approach,

2. CAUSES OF PMS

3. HORMONAL FLUCTUATIONS:

Estrogen and Progesterone Levels: The hormonal fluctuations that occur during the menstrual cycle are a primary cause of

PMS. In particular, the ratio of estrogen and progesterone during the luteal phase (after ovulation) can influence the symptoms. Estrogen leovels increase right after ovulation and fall just before menstruation, while progesterone rises during the second half of the menstrual cycle and falls right before menstruation. These hormonal fluctuations may affect neurotransmitters such as serotonin, which play a role in mood regulation.

4. NEUROTRANSMITTER IMBALANCES:

Serotonin: This neurotransmitter is crucial for mood regulation, and its levels can be influenced by hormonal fluctuations. Low serotonin levels have been linked to mood disorders such as irritability, depression, and anxiety, which are common symptoms of PMS.

GABA (Gamma-Aminobutyric Acid): Another neurotransmitter that may be involved in PMS is GABA. It helps to modulate anxiety and stress responses, and its reduced activity could contribute to PMS-related emotional symptoms.

5. GENETIC FACTORS:

There is evidence suggesting a genetic predisposition to PMS. Women with a family history of PMS or related conditions (such as depression or anxiety) may be more likely to develop PMS. Research has shown that women with a first-degree relative who has PMS are at an increased risk.

Lifestyle and Environmental Factors:

Diet: Poor dietary habits, including high salt intake, low magnesium levels, and high caffeine consumption, may exacerbate PMS symptoms.

Stress: High levels of stress can aggravate PMS symptoms, particularly emotional ones. Chronic stress can lead to higher cortisol levels, which may influence the severity of PMS.

Lack of Exercise: A sedentary lifestyle has been linked to more severe PMS symptoms, while regular physical activity may help alleviate symptoms.

Psychological Factors:

Mood Disorders: Women with pre-existing conditions such as anxiety or depression may experience more severe PMS symptoms. PMS can also be exacerbated by emotional stress and societal pressures, leading to a vicious cycle of increased emotional symptoms.

Pathophysiology: The pathophysiology of premenstrual syndrome is complex, imprecise, and cannot be well explained.

- It is anticipated that PMS is likely to be influenced by the action of progesterone on neurotransmitters like gamma-aminobutyric acid (GABA), opioids, serotonin, and catecholamine. Preexisting serotonin deficiency with increased progesterone sensitivity is also considered responsible for this disorder.

- An increase in prolactin levels or an increase in its sensitivity to the effect of prolactin, glucose metabolism alterations, abnormal hypothalamic–pituitary–adrenal (HPA) axis function, insulin resistance, and certain nutritional electrolyte deficiencies, and genetic factors have a role in PMS. • Stress amplifies the sympathetic activity, and this results in menstrual pain by significantly increasing the intensity of uterine contraction

6. SIGNS AND SYMPTOMS

Any disruptive, cyclical symptom could be a symptom of PMS, and some sources have suggested that the number of claimed symptoms could exceed 200 also. However, some symptoms are relatively common in PMS. Common emotional and non-specific symptoms include stress, anxiety, difficulty with sleep, feeling tired, mood swings, increased emotional sensitivity, sometimes restlessness. Low concentration and weak memory may also occur.

Common physical symptoms include bloating, bilateral breast tenderness, abdominal pain and headache. Most people with premenstrual syndrome experience only a few of the possible symptoms, in a relatively predictable pattern, following with them every time. Additionally, which symptoms are accepted as evidence of PMS varies by culture. For example, women in China report feeling cold but do not report negative affect as part of PMS, while women in the US report negative affect but not feeling cold as part of PMS.

The exclusion of certain symptoms associated with the menstrual cycle can pose a challenge for researchers. For example, period pain, which is common, is excluded, as it does not usually appear until menstruation, but some experience period pain prior, which could be pathological. However, any kind of pain can contribute to stress, difficulty with sleep, fatigue, irritability, anger and other symptoms that do count towards a PMS diagnosis.

Risk Factors: Women with the ovulatory cycle.

Obesity (BMI over 30).Smoking and alcohol.Stress, post-traumatic stress disorder (PTSD).

Competitive sports and older age at menarche

7. MIASMATIC ASPECT OF DISEASE

It required about twelve years for Dr. Hahnemann to discover and gather the evidence upon which he came to his conclusion that the real cause of disease is "the fundamental cause of disease irrespective of its name (diagnosis). Homoeopathy, founded by Samuel Hahnemann in the late 18th century, is based on the principle of "like cures like" and the concept of treating the patient as a whole rather than focusing solely on the symptoms. Homoeopathic remedies are derived from natural substances and aim to stimulate the body's vital force to restore balance and promote healing (Vithoulkas, 2002). This holistic approach aligns with the treatment needs of PMS, as it considers both the physical and emotional aspects of the condition.

A miasm is an invisible polluting substance, which one gains entrance into the system of a living human being, and over-powers the vital-dynamis, pollutes the person as a whole in such a way, that it leaves behind a permanent stigma or dyscrasia, which if not completely eradicated with the help of suitable anti-miasmatic treatment, will persist through-out the life of the patient and may be transmitted through generation after generation.

Disease, course of illness, sequence of events affecting the healthy human body and transmitting into the disharmony, ill health i.e. we say derangement of vital force. Understanding deeply the events affecting health is very much important in order to achieve good health, restoration of health and finally cure. Understanding all this, we can only know that how disease process initiated in the healthy human being, the cause of disease, or to say the early initial trigger that led to suffer the health of a healthy human being.

Psora is one of the three miasm discovered by Dr.Hahnemann, is responsible for the diseases of healthy human being. The other two miasm being Sycosis and syphilis as described in "The Chronic Disease" by Dr. Hahnemann.

Psora is the primary miasm, from which perhaps no living organisms remain unaffected as the literature suggests. The vast majority of disease suffered by humanity is as a result of influence of psora. Hence it is called as mother of all diseases.

Dr. Samuel Hahnemann coined the word "psora" from the Greek, which means "itch". It also has its origin from Hebrew word "Tsorat" meaning "a groove; a fault" which refers to the deficiency state that destabilizes the equilibrium of health, giving rise to diseases.

8. HOMOEOPATHIC APPROACH:

1. Sepia: For women who have severe irritation a few days prior to their periods, this medication is quite beneficial. Most often, irritability is coupled with a dislike of doing any sort of mental or physical work. One particular symptom that should be mentioned is bearing down pain that is accompanied by mental irritation.

2. Pulsatilla: Pulsatilla is beneficial in cases where the women are extremely sensitive mentally and is offended by slight things. The pulsatilla lady is hurt deeply by small things and start weeping over little things. The seek comfort and appreciation during this time. Open air amelioration is the main symptom of pulsatilla lady. The women who can benefit from medicine. Patients requiring this remedy may also suffer from problem of suppressed or delayed menses frequently. In most cases, pulsatilla is thirstless.

3. Lachesis: The best natural remedy for women with PMS who experience pain in many areas of their bodies is Lachesis. A few days prior to the anticipated date of their periods, these women start to feel agony. Excessive headache is noticeable, and all other pains go away as the periods start to flow. Extreme talking is the most common mental state, and there may also be a strong physical sensation of being overheated. A dislike of wearing tight garments goes hand in hand with the warm sensation.

4. Nux Vomica: Beneficial for those with digestive issues, irritability, and stress-induced symptoms. Helps regulate bowel movements and ease abdominal discomfort.

5. Calcarea Carbonica: Recommended for women with fatigue, heaviness, and mood changes post-menses. Effective for those prone to headaches, bloating, and cold sensitivity

6. Natrum Mur: Women with acne who tend to be more reticent can benefit from Natrum muriaticum. They may have weeping episodes while alone. Craving for salt may be found in women requiring Natrum Muriaticum.

9. PREVENTION AND PRECAUTIONS OF PRE-MENSTRUAL SYNDROME

There are few steps we can take to prevent or limit the symptoms of PMS

10. DIETARY MODIFICATIONS

- Increase Magnesium Intake: Magnesium may help reduce PMS symptoms like mood swings and bloating.
- VitaminB6: Some studies suggest that vitaminB6 supplementation may help reduce PMS symptoms, especially irritability and mood swings.
- Limit Sugar and Refined Carbohydrates: These can cause blood sugar fluctuations, which may worsen PMS symptoms like irritability and fatigue.

2.Exercise Regularly (physical activity)

RegularphysicalactivitycanhelpreducemanyPMSsymptoms.Exercisereleasesendorphins, which are natural mood elevators. It also helps reduce fatigue and improve sleep, making it easier to manage PMS-related mood swings and irritability.

3**. Stress**: Stress can exacerbate PMS symptoms, so it's important to practices stress management techniques. Deep breathing, meditation, mindfulness, and yoga are all excellent ways to reduce stress.

4. **Sleep patterns:** Getting enough restful sleep is crucial for overall health and can help mitigate the fatigue, mood swings, and irritability associated with PMS.

5. **Hydration**: Staying hydrated reduces bloating and supports overall health.

REFERENCES

[1] Bäckström T', HammarbäckS.doi:10.3109/07853899109148094 Premenstrual syndrome-psychiatric or gynaecological

[2] Dec;23(6):625-33. disorderhttps://pubmed.ncbi.nlm.nih.gov/1991

[3] Gollenberg AL, Hediger ML, Mumford SL, Whitcomb BW, Hovey KM, Wactawski-Wende J, et al. Perceived stress and severity of perimenstrual symptoms: The BioCycle study. J Womens Health (Larchmt) [Internet]. 2010;19(5):959-67. Available from:http://dx.doi.org/10.1089/jwh.2009.1717

[4] Pinkerton JoAnn V. Premenstrual Syndrome (PM). Last full review/revision Dec 2020

4. Nusrat Nisar1, Nishat Zehral, Gulfareen Haider1, Aftab Afroz Munirl and Nisar Ahmed Sohoo2.Frequency, Intensity and Impact of Premenstrual Syndrome in Medical Students. Journal of the College of Physicians and Surgeons Pakistan 2008, Vol. 18 (8): 481-484

[5] Pillow J. An Observational Study on the Efficacy of Individualised Homoeopathic Treatment on Premenstrual Syndrome. University of Johannesburg. June 9, 2015.

[6] Harirforoosh S, Asghar W, Jamali F. Adverse effects of nonsteroidal anti -inflammatory drugs: an update of gastrointestinal, cardiovascular and renal complications. J Pharm Pharm Sci. 2013;16(5):821-47. doi: 10.18433/j3vw2f. PMID: 24393558.

[7] Kumar sunesh, padubidri vg, daftary Shirish N, howkins & bourne shaw's textbook of gynecology, 17th edition: Elsevier; 2018.p.126-127

[8] American College of Obstetricians and Gynecologists (ACOG). (2015). Premenstrual Syndrome (PMS). ACOG Committee Opinion No. 651. Obstetrics & Gynecology, 126(6), e143-e146. DOI:10.1097/AOG.0000000000001218.]

[9] https://en.wikipedia.org/wiki/Premenstrual_syndrome

[10] Aleena Mohib, Amara Zafar, Areeba Najam, Hafsa Tanveer, Rehana Rehman Cureus Premenstrual Syndrome: Existence, Knowledge, and Attitude Among Female University Students in Karachi. 2018 Mar; 10(3): e2290. Published online 2018 Mar 8. doi: 10.7759/cureus.2290.

[11] Effects of homeopathic treatment in women with premenstrual syndrome: a pilot study .british homeopathic journal(2001)90,148-153.

...