MOOD AND THE MENSTRUAL CYCLE

© Dr. Rajneesh Kumar Sharma M.D. (Homoeopathy)
Homoeo Cure & Research Institute
NH 74, Moradabad Road, Kashipur (Uttaranchal) INDIA
Pin- 244713 Ph. 05947- 260327, 9897618594
E. mail- drrajneeshhom@hotmail.com
www.treatmenthomoeopathy.com
www.homeopathictreatment.org.in
www.homeopathyworldcommunity.com

INTRODUCTION

A woman's mood is very closely related to her gynecological conditions which can upset her sense of well-being, her feelings about her sexuality (Psora), her femininity (Psora), and her self-respect (Psora/ Sycosis). The arising picture of signs and symptoms may affect her intimate relationships and bring greater distress than any other disease. Women with gynecological problems often come into view tense (Psora) and anxious (Psora/ Psudopsora). This may be just because of the nature of the private questions and examinations by a doctor which they anticipate with apprehension (Psora/ Syphilis). Some women present distressed (Psora) and tearful (Psora/ Pseudopsora). They may feel shame (Psora/ Pseudopsora) and disgust about their symptoms (Psora/ Pseudopsora/ Sycosis). This may be because of the reaction of others (Psora/ Pseudopsora / Syphilis) too. Many women find the whole consultation a torment. The examination can remind a woman of previous threatening situations such as rape or childhood sexual abuse, or past experience of painful or demeaning examinations by previous clinicians (Psora/ Syphilis).

Some situations like termination of pregnancy or sexually transmitted disease (Sycosis/ Syphilis) need very painful judgment with great anxiety (Psora) and apprehension (Psora/ Pseodopsora). In some cases mood is disturbed (Psora/ Sycosis/ Syphilis) but not primarily by gynecological cause, rather psychological or social.

CLINICAL MOOD AND MENSTRUAL PROBLEMS

There are several models, presenting mood disturbances with menstrual complaint:

- *Menstrual disorder accompanied by mood disorder*
- *Psychological reaction to a menstrual disorder*
- *Mood disorder presented as menstrual disorder*
- *External stress, making normal menstrual events intolerable*

Mood disorders and gender differences

Women experience more mood problems than men particularly during their reproductive years. The difference in occurrence appears at adolescence (Psora). At menarche 8–12% of women at any one time have anxiety (Psora/ Pseudopsora) or depressive illness (Syphilis), twice the rate in men. Marriage and pregnancy increase the risk, but it is not explained by postnatal depression (Syphilis).

Psychosocial factors contribute to this excess and may predominate. Women are frequently under stress because of low social status (Causa Occasionalis), economic dependency (Causa Occasionalis), low

remuneration (Causa Occasionalis), multiple roles (Like daughter, sister, wife, mother etc.) (Causa Occasionalis), vulnerability to sexual and domestic violence (Causa Occasionalis), and being responsible for other vulnerable members of society (Causa Occasionalis), particularly children and the elderly.

Gonadal hormones are psychoactive but it is not clear exactly how they influence women's emotional disorders. Estrogen has antidopaminergic properties and this is most evident in the origin of puerperal psychosis (Psora/ Pseudopsora/ Sycosis). It also enhances the serotonin mechanisms so may have a role in mood regulation (Psora/ Sycosis). Progesterone modulates gamma aminobutyric acid, the neurotransmitter involved in emotional control.

Women present to doctors more readily than men for both physical and mental problems. Many present psychological problems as physical symptoms and look for a physical explanation. This may mimic gynecological complaints. A woman with psychological problems is less able to tolerate premenstrual syndrome (PMS) (Pseudopsora), heavy bleeding (Psora/ Pseudopsora) or menopausal symptoms (Psora/ Sycosis/ Syphilis) and seeks care.

Epidemiological pattern of mood disorder in women

- *Increase of mood disorder at adolescence to 8–12% of female population (Psora/ Syphilis)*
- *Female: male ratio of 2:1*
- *Higher in parous women*
- *Rate similar to that of men after 50 years of age*
- *High ratio not explained by postnatal depression (Syphilis)*
- *High ratio not explained by help-seeking behavior*

Symptoms of depressive illness/disorder

- *Low mood (Syphilis)*
- *Self-blame/guilt (Syphilis)*
- *Suicidal thoughts (Sycosis/ Syphilis)*
- *Lack of pleasure (Psora/ Sycosis/ Syphilis)*
- *Hopelessness (Syphilis)*
- *Anxiety (Psora/ Pseudopsora)*
- *Poor sleep (Psora/ Sycosis/ Syphilis)*
- *Poor appetite (Syphilis/ Pseudopsora/ Sycosis)*
- *Fatigue (Syphilis/ Pseudopsora)*
- *Poor concentration (Psora/ Pseudopsora/ Sycosis)*

SPECIFIC MENSTRUAL DISTURBANCES

There are many disorders and disturbances of the menstrual cycle and all can affect mood, either directly by the impact on hormones or neurotransmitters, or by upsetting lifestyle, relationships and self-esteem, sometimes both.

PMS and symptoms of the menopause are the classic examples of menstrual disorders where mood disturbances are central to most women's complaints.

Other problems including menorrhagia (Pseudopsora), dysmenorrheal (Psora/ Sycosis), polycystic ovary syndrome (Pseudopsora/ Sycosis), subfertility (Syphilis/ Sycosis/ Pseudopsora), sensitivity to the oral contraceptive pill (Causa Occasionalis), hysterectomy, miscarriage (Psora/ Syphilis), cancer (Psora/ Sycosis/ Syphilis), etc. have a psychological aspect but the mood problem is usually considered to be secondary to the evident physiological abnormality.

Situations in which the mood problem is a reaction to distressing symptoms are those where the psychological reactions are being denied in favor of gynecological explanations but without evidence of pathology (somatization).

MOOD PROBLEMS AS REACTIONS TO MENSTRUAL EVENTS

Miscarriage, termination and infertility

Most couples look forward to enjoy the pleasure and responsibilities of parenthood.

Miscarriage

Quite a few women grieve for the unborn baby no matter how early the miscarriage and take some time to regain a normal mood. Ambivalence towards the pregnancy can also bring mood disturbance. Low mood (Syphilis) can be accompanied by guilt (Sycosis/ Syphilis) if the woman loses a baby that she had considered aborting anyway.

Termination

Termination of pregnancy is usually a hurried and pragmatic resolution to a threat to lifestyle, career, relationship or well-being. It is loaded with moral importance and is frequently conducted in secret and associated with guilt (Causa Occasionalis). Few women have long term regrets (Sycosis) though these can emerge if there is difficulty conceiving in the future.

Infertility

In infertile cases, sexual activity becomes linked with failure (Syphilis), menstruation is accompanied by disappointment and distress, and life plans revolve around treatment cycles. Often the couples are hesitant (Psora/ Syphilis) to share their problems and can feel isolated (Syphilis/ Sycosis) among their peers who are reproducing with apparent ease. The desire for a child can become an obsession (Psora) and the couple may not agree on its importance.

Menorrhagia and menstrual irregularities

Heavy periods (Pseudopsora) are difficult for women practically and emotionally. This is made worse if the loss is sufficient to cause anemia (Causa Occasionalis) and therefore physical debility (Causa Occasionalis), or if accompanied by dysmenorrhea (Psora/ Sycosis) or other pelvic pain. Often, hysterectomy is adopted as

treatment. Hysterectomy used to be thought to be associated with a high rate of depressive illness afterwards (Causa Occasionalis).

Dysmenorrhea

Women frequently experience pain associated with menstruation (Psora/ Sycosis). Most find ways of managing this within their lifestyle, or with the help of hormonal (oral contraceptive pill) or pain relieving medication.

CONCLUSION

Menstruation is associated with many issues that affect mood. These are not just about gynecological pathology, but about normality, well-being and womanliness.

Having problems with reproductive function and sexuality can cause anxiety and have negative effects on mood which disorders in other systems do not generate.

The mood may be primary and a result of reproductive hormones interacting with neurotransmitter systems controlling mood.

The low mood may be a reaction to the underlying gynecological condition.

Both mood and menstrual disorders are affected by social and relationship factors.

The role of psychological treatments and psychiatric medication is becoming established, which acknowledges that mood and menstruation are linked.

The overall view reveals that it is a person who is affected by these various factors and not merely the particular parts. The Miasms play their vital part in manifestation of sickness and must be well understood and treated as per rules and demand of situation.

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