

# Amenorrhoea– A Supposed Threat to Fertility!

**ABSTRACT:** Amenorrhoea is very common problem in a Gynaecology clinic. All the cases of amenorrhoea need to be explored for the definite underlying cause, so as to treat it accordingly. Here I have described amenorrhoea from its very practical aspect along with indicated Homoeopathic remedies and proper supplementation of nutrients.

**Dr SWAPAN PAUL BHMS, MD (HOM)**

Reader/Asso. Professor, Dept. of Materia Medica

Jawaharlal Nehru Homoeopathic Medical College, Limda, Waghodia, Vadodara, Gujarat

30, Tulsi Society, Nr Javernagar, Waghodia Rd, Dist Vadodara, PIN 390019, Gujarat, Mob: +919428692085/+919712223235

## INTRODUCTION

Amenorrhoea denotes absence of menstruation. It may be physiological or pathological. *Physiological amenorrhoea* naturally prevails prior to the onset of puberty, during pregnancy, during lactation and after menopause. *Pathological amenorrhoea* is the result of genetic factors, systemic diseases, endocrinopathies, disturbance of hypothalamo-pituitary-ovarian-uterine axis, gynatresia, nutritional factors, drug usage, psychological factors and other rarer causes. Primary amenorrhoea refers to failure of onset of menstruation beyond the age of 16 years regardless of development of secondary sexual characters. Secondary amenorrhoea refers to failure of occurrence of menstruation for 6 months or longer in women who have previously menstruated.

In a case of amenorrhoea we usually undertake investigations if the girl is of 14 years age, but in presence of well-developed secondary sexual characteristics, investigations may be delayed until the age of 6 years with the hope that spontaneous menstruation will eventually ensue in due course of time.

Secondary amenorrhoea is defined as amenorrhoea of six months or more in a woman with previously normal menstrual cycles and in absence of pregnancy. Usually the abnormalities in menstruation for several reasons are one of

the alarming causes to infertility in women. More particularly the primary amenorrhoea of hormonal dysfunctions or gonadal abnormalities plays a great role to cause infertility.

## WHY DOES AMENORRHOEA OCCUR?

Some of the factors associated with cessation of periods are:

- Stress
- Calorie-restricted diet
- Eating disorders
- Strenuous exercise
- Hormone imbalance
- Organic disease (eg Thyroid disease) Travel etc.

## SYMPTOMS OF AMENORRHOEA

The most telltale sign of amenorrhea is the absence of menstrual period. However, many women with amenorrhea also exhibit other symptoms. These can include:

- Increased facial hair
- Deepening of the voice
- Decreased breast size
- Breast secretions
- Lowered sex drive

## AMENORRHOEA AND INFERTILITY

Amenorrhoea can have a very negative impact on fertility. Many women with amenorrhoea are anovulatory, meaning that they aren't producing viable eggs for conception. Occasionally,

## CLASSIFICATION AND CAUSES OF AMENORRHOEA

### PRIMARY AMENORRHOEA

1. **Hypergonadotropic primary amenorrhoea:**
  - *Abnormal sex chromosome*, e.g. Turner syndrome (45 OX).
  - *Normal sex chromosome*, eg pure gonadal dysgenesis (46 XX); Swyer's syndrome, gonadal dysgenesis (46 XY); Gonadotropin-resistant ovarian syndrome – Savage syndrome.
2. **Eugonadotropic primary amenorrhoea:**
  - *Absence of mullerian development*, e.g. androgen insensitivity syndrome (testicular feminization); Mullerian agenesis – absence of uterus / vagina.
  - *Normal mullerian development*, e.g. Female or true intersex; polycystic ovary syndrome; adrenal or thyroid diseases.
  - *Cryptomenorrhoea* – imperfect hymen, vaginal septum.
3. **Hypogonadotropic primary amenorrhoea:**
  - *Hypothalamic causes*, e.g. delayed menarche, hypothalamic hypogonadism (Kallman's syndrome), Psychogenic / weight loss.
  - *Pituitary causes*, e.g. neoplasms, hypopituitary state, Simmond's disease, Chiari-Fromel syndrome.
  - *Severe systemic diseases* like tuberculosis.

### SECONDARY AMENORRHOEA

1. **Physiological:**
  - During pregnancy
  - During lactation
  - After menopause
2. **Pathological:**
  - *Genital tract abnormalities*; e.g. acquired obstruction of cervical canal (gynatresia), cervical stenosis, Asherman's syndrome, Uterine synachae etc.
  - *Ovarian abnormalities*; e.g. polycystic ovarian disease, resistant ovarian syndrome, infection-tuberculosis, surgical extirpation, radiotherapy, autoimmune diseases, muscunizing tumours etc.
  - *Nutritional causes*; e.g. anorexia nervosa, bulimia, extreme obesity etc.
  - *Pituitary causes*; e.g. Sheehan's syndrome, hyperprolactinaemia, empty sellar syndrome, prolactinoma etc.
  - *Hypothalamus abnormality* e.g. Ngr. Deficiency, vigorous exercise, pseudocycyosis.
  - *Thyroid abnormality*; e.g. Hypothyroidism, Grave's disease
  - *Others*; e.g. tuberculosis, renal disease, severe anaemia etc.

amenorrhoea can indicate underlying problems with the reproductive system, eg polycystic ovarian syndrome (PCOS), Hirsutism, Uterine fibroids etc. these conditions can make fertility difficult.

Hypothalamic amenorrhoea (HA) due to anorexia, excessive exercise and stress can damage the body in many ways. Low body weight, inadequate body fat and energy deficiency contribute to the suppression of hormones, including Gonadotropin-releasing hormone (GnRH), Luteinizing hormone (LH) and Follicle stimulating hormone (FSH) that eventually leads to the loss of menses. Stress-related amenorrhoea, also known as psychogenic HA.

### CAN STRESS AFFECT FERTILITY?

#### THEORIES THAT LINK STRESS WITH INFERTILITY:

➤ Many researchers believe stress can meddle

with hormonal functions. There are some hormones that regulate ovulation or the maturation and release of an egg. Stress, according to some, leads to neurochemical changes that may affect timely and systematic release of these hormones. Stress can cause spasms in the tubes and uterus. So, even if the egg has been fertilized, spasms can make its movement to the uterus difficult. And in some cases when the fertilized egg reaches the uterus, spasms can obstruct successful implantation.

➤ Another theory finds that psychological factors, unlike biological causes, play a limited role in disrupting fertility. They believe tensions can make women to develop certain habits like smoking, drug abuse, not exercising, eating poorly or gaining weight. These

habits have been closely linked to fertility disruption.

- Some infertility experts also give importance to the age old link between stress and insomnia. According to them, women with stressful lives get less sleep. This disturbs the daily rhythm of hormones related to reproduction.

How does stress affect our reproductive system? Stress in women disrupts the hormonal communication between the brain, the pituitary, and the ovary, interfering with both the maturation of an egg and the ovulation process. When we are under stress, we experience several neurochemical changes. This can alter the ordered release of hormones that regulate the maturation and release of an egg. There is a direct link between the brain and the reproductive tract. Nerve fibers connect the brain directly to both the fallopian tubes and the uterus.

The autonomic nervous system influences the ovary's ability to produce healthy eggs and hormones. For example, when a woman is under stress, spasms occur in both the fallopian tubes and the uterus, which can interfere with movement and implantation of a fertilized egg. Thus the stress can affect infertility both by altered regulation of pituitary hormones and from the abnormal nervous system influences on the ovaries and fallopian tubes.

#### INVESTIGATIONS TO A CASE OF AMENORRHOEA

In the vast majority of cases, a careful history including a detailed evaluation of growth charts, height and weight records, chronology of development of secondary sexual characteristics, body habits, history of cyclic abdominal pain, administration of drugs, past history of illness like tuberculosis, thyroid disease, juvenile diabetes, mumps, and any previous surgery may be important in revealing the possible aetiological factors. Physical examination should include documentation of the height-weight ratio, stature, Tanner evaluation for menstruation status of the secondary sexual characteristics, observations of any genetic or endocrine stigmata.

The presence of the uterus and vagina must be established by USG of pelvis. In all patients of primary amenorrhoea, estimation of the level of serum FSH, oestradiol, and prolactin are important. A baseline radiological evaluation of bone age and a simple skull film to exclude pituitary macroadenoma should precede further investigation. Genetic karyotyping is strongly indicated in all subjects revealing serum FSH levels elevated above 40 mIU/ml. A few selective investigations like thyroid function profile, renal function tests and androgen estimation must be done when indicated.

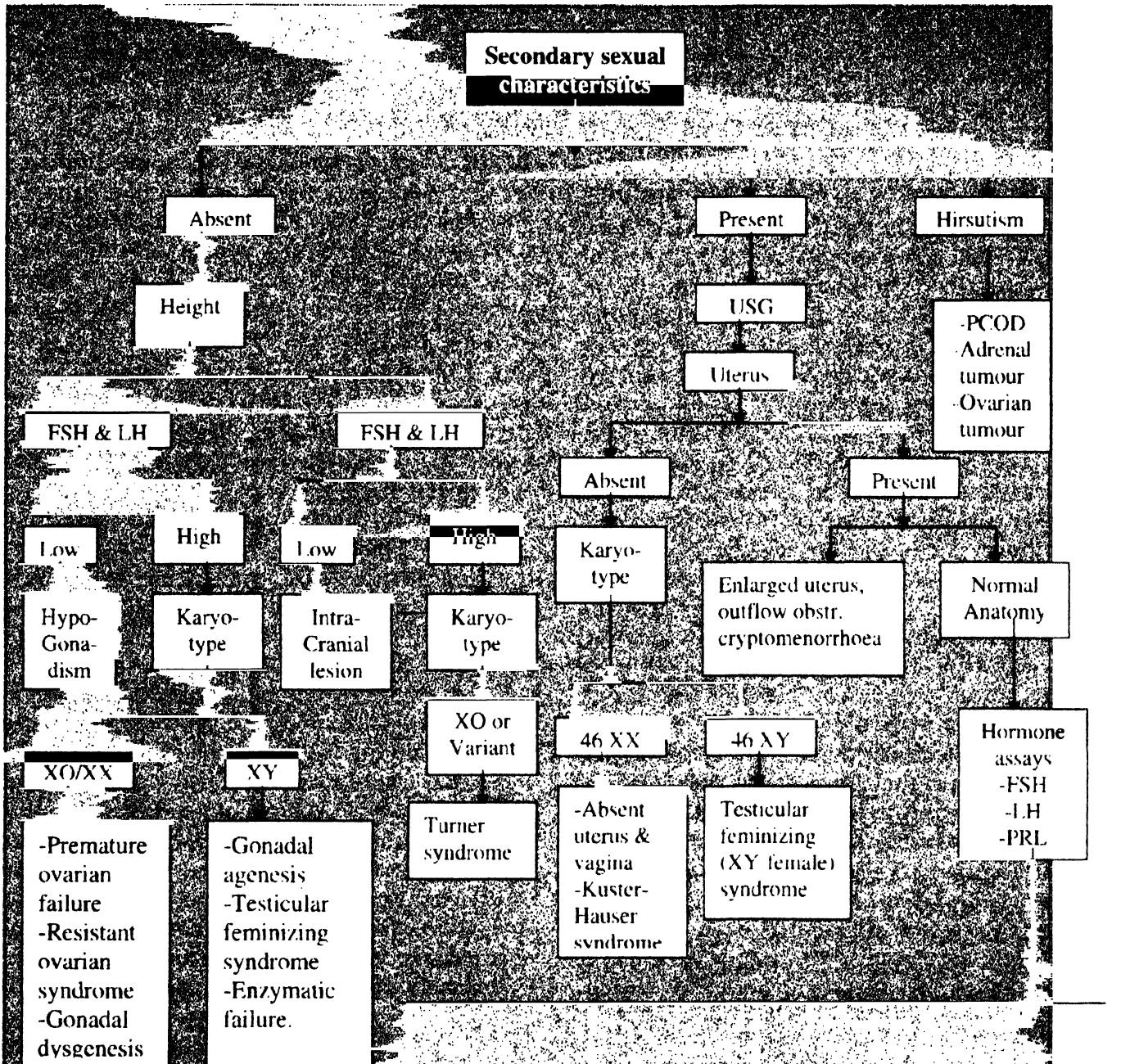
#### SUPPLEMENTS FOR PATIENTS WITH AMENORRHOEA

The supplements recommended below have been studied in clinical trials and have been found to be effective in connection with amenorrhoea. For best results one should take them over a period of three months.

- **VITAMIN-B: COMPLEX** supplement needs to be added to the diet on a daily basis. Choose one that contains good levels of all the B vitamins, including folic acid.
- **ZINC:** Is an important mineral for normal functioning of the hormones, including the sex hormones and insulin. It is needed for normal egg production in the ovaries, and for the body to attract and utilize the reproductive hormones, estrogen and progesterone.
- **MAGNESIUM:** This mineral has been classed as 'nature's tranquillizer'. Stress is often a major factor in amenorrhoea and this mineral will help to redress the balance of a stressful lifestyle.
- **ESSENTIAL FATTY ACIDS (EFAs):** Essential fatty acids are vital for normal reproductive functioning. They are particularly important if the women have been on a low-fat or no-fat diet.

#### REMEDIES FOR AMENORRHOEA

- *Aconitum-napellus:* Menstruation suppressed from fright, cold baths, wet-feet etc; amenorrhoea especially of young plethoric girls; in amenorrhoea of plethoric women it will



Normal	LH, FSH >	FSH ↑	FSH ↓, LH ↓	Prolactin ↑
Delayed menarche	PCOD	Turner's -Resistant ovary -Premature menopause	-Pituitary failure Hypothalamic failure	Hyperprolactinaemia Prolactinoma

often restore the flow whatever the cause of the suppression (Dr Blackwood); vagina dry, hot, sensitive; fear, anxiety, restlessness is very marked; music is unbearable and makes her sad.

*Apis-mellifica*: Amenorrhoea especially of young girls; suppression of menstruation with cerebral or head symptoms (cerebral irritation, meningitis, head injury); associated with ovarian irritation, ie burning, stinging and soreness in the ovarian region; bearing down in genitals as if menses would appear; great tenderness over abdomen and uterine region; thirstlessness.

*Calcarea-carbonica*: Amenorrhoea of young, plethoric, fatty girls who grow too rapidly; amenorrhoea of scrofulous, leucophlegmatic women whose first menstruation was delayed; suppression of menstruation in those women who frequently suffer from lung affection; profuse milk like leucorrhoea; extremities are habitually cold and damp, as if wearing cold, damp stockings.

*Cyclamen-europaeum*: Amenorrhoea in young, anaemic, chlorotic, leucophlegmatic girls; suppression of menstruation with headache and blindness; labor like pain from back to pubis; thirstlessness; milk in virgin breast.

*Dulcamara*: Amenorrhoea of plethoric scrofulous girls; suppression of menses from cold or dampness; amenorrhoea from suppressed perspiration; mammae engorged, sore, delicate, sensitive to cold; vascular eruptions around vulval region, she must scratch until bleeds.

*Graphites*: Amenorrhoea of stout, fair complexioned female; delayed or suppressed from getting feet wet; white excoriating leucorrhoea; mammae swollen and hard; decided aversion to coition in lady; constipated, chilly patient with tendency to obesity.

*Natrum-mur*: Suppression of menses in pale, cachectic, anaemic women with history of prolonged taking of excessive salts; leucorrhoea acrid, watery; dryness of vagina; great

emaciation losing flesh while eating well; constipated patient with incontinence of urine while laughing, sneezing, coughing.

- *Pulsatilla-nigricans*: Amenorrhoea from wet feet, nervous debility or chlorosis; mild, yielding disposition, weeps easily, changeability of mood; chilly patient, thirstlessness.
- *Senecio-aureus*: Functional amenorrhoea of young girls with backache and urinary problems; scanty, high coloured, bloody urine with great heat and constant urging; great drowsiness with unpleasant dreams; dryness of mouth, throat and fauces.
- *Sepia*: Amenorrhoea of feeble cachectic women; with prolapse of uterus, wants to cross limbs to prevent; chilly and constipated patient; sad weeping and indifferent in mind; strong odor of urine.

#### AMENORRHOEA IN REPERTORY

Dr J T KENT

*Acon*, *aesc*, *agar*, *agn*, *alet*, *am-c*, *am-m*, *ant-c*, *apis*, *apoc*, *arg-n*, *ars*, *ars-i*, **Aur**, *bar-c*, *bell*, *benz-ac*, *berb*, *bor*, *bry*, *calc*, *calc-s*, *canth*, **Carb-s**, *carb-v*, *card-m*, *caul*, *caust*, *cham*, *chel*, *chin*, *china*, *cic*, *cimic*, *cina*, *cocc*, *colch*, *coll*, *coloc*, **Con**, *croc*, *crot-t*, *cupr*, *cycl*, *dig*, *dros*, **Dulc**, *euph*, **Ferr**, *ferr-ar*, **Ferr-i**, *ferr-p*, *gels*, *goss*, **Graph**, *guaj*, *ham*, *hell*, *helon*, *hyos*, *ign*, *iod*, *kali-ar*, **Kali-c**, *kali-i*, *kali-n*, *kali-p*, *kali-s*, *lach*, *lil-t*, *lob*, **Lyc**, *mag-c*, *mag-m*, *merc*, *mill*, *nat-c*, *nat-m*, *nat-p*, *nux-m*, *nux-v*, *ph-ac*, *phos*, *plat*, *pod*, **Puls**, *rhus-t*, *sabad*, *sabin*, *sang*, *sec*, **Senec**, **Sep**, **Sil**, *staph*, *stram*, **Sulph**, **Tub**, *valer*, *verat*, *verat-v*, *xan*, *zinc*.

Dr W BOERICKE

*Acon*, *Alet*, *Alnus*, *Apis*, *Apoc*, *Ars*, *Avena*, *Bell*, *Bry*, *Calc-c*, *Can-s*, *Caul*, *Caust*, *Cim*, *Con*, *Cyc*, *Dulc*, *Euphra*, *Ferr-ars*, *Ferr-m*, *Ferr-red*, *Gels*, *Glom*, *Graph*, *Hedeoma*, *Helleb*, *Helon*, *Jonosia*, *Kali-c*, *Kali-per*, *Lil-t*, *Mang-ac*, *Merc-per*, *Nat-m*, *Nux-v*, *Op*, *Ova-t*, *Parth*, *Phos-ac*, *Pinus-lumb*, *Plat*, *Plum*, *Polyg*, *Puls*, *Sec*, *Senec*, *Sep*, *Spong*, *Sul*, *Tanac*, *Thyr*, *Ustil*, *Xanth*.

**SUPPRESSED MENSES**: *Acon*, *Apis*, *Bell*, *Bry*, *Calc-c*, *Ceanoth*, *Cham*, *Chionanth*, *Cim*, *Con*,

Croc, Cupr, Cycl, Dulc, Ferr, Gels, Glon, Graph, Helon, Ign, Kali-c, Kali-m, Lach, Leonorus, Nat-m, Nux-v, Op, Pod, Puls, Senec, Sep, Sul, Tanac, Taxus, Tub, Ver-v, Zinc.

- From anaemic conditions: Ars-iod, Ars, Caust, Ferr-ars, Ferr-cit-strych, Ferr-red, Graph, Kali-c, Kali-perm, Kali-p, Mag-ac, Nat-m, Ova-t, Puls, Senec.
- Suppressed from anger with indignation: Cham, Col, Staph.
- Suppressed from cold water or exposure: Acon, Ant-c, Bell, Calc, Cham, Cim, Con, Dulc, Graph, Lac-c, Lac-d, Phos, Puls, Rhus-t, Sul, Ver-v, Xanth.
- Suppressed from disappointment of love: Helleb.
- Suppressed from fright or vexation: Act-sp, Acon, Cim, Col, Lyc, Op, Ver-a.
- Suppressed in emigrants: Bry, Plat.
- Suppressed with asthma: Spong.
- Suppressed with cerebral congestion: Acon, Apis, Bell, Bry, Calc-c, Cim, Gels, Glon, Lach, Psor, Sep, Sul, Ver-v.
- Suppressed with congestion to chest: Acon, Calc-c, Sep.
- Suppressed with cramps to chest: Cupr-m
- Suppressed with delirium, mania: Stram
- Suppressed with dropsy: Apis, Apoc, Kali-c

- Suppressed with fainting, drowsiness: Kali-c, Nux-m, Op.
- Suppressed with gastralgia or spasm: Cocc
- Suppressed with jaundice: Chionanth
- Suppressed with neuralgic pain in head and face: Gels
- Suppressed with ophthalmia: Puls
- Suppressed with ovaritis: Acon, Cim.
- Suppressed with ovarian tenderness: Ant-c, Bell.
- Suppressed with pelvic tenesmus: Pod
- Suppressed with rheumatic pains: Bry, Cim, Rhus-t.
- Suppressed with vicarious bleeding: Bry, Crot, Dig, Erig, Eupion, Ferr, Ham, Ipec, Kali-c, Lach, Millef, Nat-s, Phos, Puls, sabad, Sang, Sene, Sil, Sul, Trill, Ustil.

### CONCLUSION

Amenorrhoea can be judiciously treated with Homoeopathic medicines as evident from the cures achieved by our many stalwarts. In my clinic I have found remarkable results with the above mentioned remedies and in obscure cases of amenorrhoea I have tried mother tincture of *Pinus-lumbartina* with great success along with *Pulsatilla* 200 or *Sepia* 200 depending upon the case.

## ADVERTISEMENT INDEX

<b>LKP Shares</b>	Inside Front Cover	<b>Rajan Sankaran Book</b>	Pg 04
<b>R M Bhuther &amp; Co.</b>	Inside Back Cover	<b>Platina + Crossword Book</b>	Pg 07
<b>J K Cement</b>	Back Cover	<b>Aarish Academy</b>	Pg 54
<b>Homopath</b>	Pg 02	<b>NJH Book Club</b>	Pg 69
		<b>MLDT needs Doctors</b>	Pg 70