

-Handling Pre-Menstrual Syndrome. -An in depth study of *Platina*"

NJH-CME was held on 27th Nov 2003 at Dr Vishpala Parthasarathy's Pali Hill Clinic. Around 30 people attended the CME.

SPEAKERS

- 1) Dr C H Asrani.
- 2) Dr Vishpala Parthasarathy

PMS GENERAL ASPECTS

Dr C H Asrani talked in detail regarding PMS, the emotions, the causes, why the symptoms occur, diagnosis, treatment etc.

But what does one expect from a lecture on a simple topic of PMS?(It seemed simple before this lecture!). The introduction to the subject was enough to waken us to the reality of how traumatic, is this problem which strikes almost 95% of women at one time or the other and how it is ignored and is the most neglected part in a woman's life, more so in India.

EXCERPTS:

The changes are at both level a) Physical b)Mental
Changes when affect— PMS

SYMPTOMS

1. Appear after ovulation
2. Intensify as menstruation approaches
3. Ceases with onset of menses
4. Can affect any age
5. Need treatment, if severe
6. Can present in the form of more than 100 symptoms

PSYCHOLOGICAL SYMPTOMS

Irritability. Mood swings. Losing temper easily. Loss of

confidence and poor motivation. Weeps for no particular reason. Aggressive. Tiredness. Anxiety. Depression etc.

PHYSICAL SYMPTOMS

Breast Tenderness. Bloating. Constipation. Muscle and joint pain. Swollen Ankles. Increased appetite. weight gain, Headache. Migraine etc.

CAUSES

Combination of diet, stress and deficiency of minerals and vitamins.

Increased demand on time, negative in diet and nutrition. Increasing stress

Physical and emotional wear and tear.

WHY SYMPTOMS OCCUR

1. Craving for chocolates — 20% nutrients are absorbed by the brain in the form of glucose. Sugar to convert into glucose needs insulin.

PMS – Stress increases - so demand increases
Mg is a must for the production of insulin.

But in PMS -Mg decreases —Insulin decreases
So sugar cannot be converted to glucose

Even with enough sugar in blood, brain perceives → No glucose → crisis situation → get glucose ASAP → so Craving for sweets, candies, chocolates, pastries, more so Chocolates which contain Mg.

Candies, Chocolates, pastries- contains Refined sugar
Refined Sugar → absorbed faster → Excess of Insulin
Excess of insulin leads to

Hunger	Hypoglycemia	Rapidity
↓	↓	↓
wt gain	Palpitation Fainting	Headache Fatigue

Thus the situation is out of control. Wt gain may seem to



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us common, but annually a female may put on 10-12 Kgs!!!

Mg – also causes dysmenorrhoea (Now knowing the physiology of the events occurring, it now actually makes sense, why *Mag-phos* is almost used as the 1st line of treatment and works so well)

TREATMENT

Mg not widely present in eatables > 300-400 mg daily is the only way to break the cycle

Modern Medicine recommends 100 mg Vit B6 a day .Vit B6 if deficient, more estrogen is produced than body can handle

Increase in Oestrogen – Increase in Adrenalin → Anxiety, Nor-Adrenalin → Hostility, irritability, Serotonin → Inability to concentrate

All can be nullified by Dopamine. Dopamine → Induces relaxation, increases mental alertness, Prevents Naand H² O retention.

PMS – Dopamine decreases

Therefore Breast engorgement, Bloating, Oedema feet, Migraine, Headache, of feeling like vice.

Thus Mg & B6 are enough to relieve the symptoms

ESSENTIALS OF DIAGNOSIS

Symptoms are severe five days before menses – 3 menstrual cycle in a row Ø is 4 days

Interferes with the normal activity

A PMS chart was given to delegates which can record almost 30 symptoms for 12 months – all in one page. PMS chart At end.

IN ADDITION –

Aerobic exercise during menses

Relaxation –Meditation.

Dietary changes – Salt free diet for these 5-6 days decreases Na intake. Encourage the female to talk with the family or the physician

Platina: by Dr Vishpala Parthasarathy

INTRODUCTION

In depth discussion of *Platina*, based on her lecture at Baroda and Dubai .All the power point slides, ICR style structures was an enriching experience for everyone. One has to see to believe it!! I had seen her preparing for *Platina*, taking all pains to collect information which was hardly available because everywhere *Platina* was too Haughty to reveal!

Platina

Platina in the periodic Table appears in the 7th row in between Au-Ir. 10th Vertical row Pd- Ag

This makes it a rare, precious and special metal by association.

Wants attention, self esteem – out of proportion – The Queen.....!

Traits – Haughty, dominating, unkind, abrupt.

Flip side – Isolation, lonely at top, alone with fear of being alone.

STRUCTURE –EVOLUTION –Cannot be given here in print

as its beauty lay in evolving one trait leading to another. Later she pictorially discussed Evolution of *Platina* from Childhood to Old age. where in the end she blossomed. This was actually *Materia Medica* live !!!

PMS CASES

Interesting points to note in case I was the use of -ve rubric.

Case I: She did not like show off

Case II: Counseling an integral part of treatment.

The full cases are given here under:

Ms SB, 20, Homoeopathic student of 3rd BHMS, came to us on Feb 02 for severe dysmenorrhoea and PMS. MB 1 day, severe vomits 8-10 and severe pain > pressure not by heat.

OTHER COMPLAINTS: acidity and flatulence from over-eating

Ht 5'4" and wt 48kgs. Persp: offensive.

Cr: Milk3, salty3. Aversion: sweets.

MP 5/25-35, offensive, clots. MB- Leucorrhoea vomit

8-10, pain³

PERSPIRATION+. Palms Hot and moist.

CRAVING: Salty, Milk³, spices. **AVERSION:** Sweets

THERMALS: Chilly²

MENTALS:

Poor memory and lack of confidence. Very lean, so conscious of her looks. Indecisive, postpones things. Losing interest in studies.

LIFE STORY: 1982 Born in Assam, where father worked. Our patient was the only child. Timid³. Did not like fights. Once complained to mother who said solve your own problems. But friends taunted too much that she had to perform go to Mother.

As a child she liked talking and making new friends. Loved Make-up, but mother was very simple so did not allow it. Moved to Manipur then Assam. Loved it there. 1995: Moved to Mumbai. Hated it. Feel people are too show off here. Have not a rupee and behave as if King! Also hate seeing others misbehave with parents or teachers. "But when I go to confront them, I become Timid and very polite!"

Dreams: sees things which come true after 2-3 days.

RUBRICS:

- Indecisive
- Fears Quarrels.
- Not a Braggart
- Fear Dark, Height, alone
- Memory Weakness
- Menses Before – Vomit 8-10
- MB- Pain
- Timid
- Poor Performance
- Anticipatory anxiety
- Prophetic
- Craving Milk³

FOLLOW-UP:

14-2-02: *Sil* 200 1 dose

15-3-02 App > MP 28/2. 5/30. Dysmenorrhoea >. No vomits. Acidity >

5-9-02 Next 4 MP's 24/3 (4/26) 20/4 (5/26) 20/5 (5/30) 26/6 (5/36) Monthly one dose of *Tub-b* 1M and *Sil* 200, on the basis of irregular periods.

September: all complaints better. Repeated *Sil* before exams and this helped the nervousness. No further doses of *Sil*

CASE 2:

Ms S, 31, Hindu, single. She had a PhD in Theatre and

worked in Prithvi Theatre to organize the 2003 festival. Came to me on 3rd Aug 02 for severe PMS.

Actually she first came in an emergency with pain from 1 week which she described in Lt upper abdomen, spasmodic³, colicky, burning. She had been to a specialist and an Homoeopath. On examination I found the pain in the Rib area- Lt side. History revealed she had been looking after a relative in Breach Candy hospital. Pain was worse breathing, <lying < movements < lying Lt³ > sitting > lying back with bolster.

CHIEF COMPLAINT 2: PMS: 2d: Constipation³à Haemorrhoids. Pain navel, thigh. Nausea. All > flow.

MA: urine scanty with frequent urge and slight pain and no burning. **MP:** 4/30-37, profuse x 2d

OTHER COMPLAINTS:

1. Headache in sun in frontal area and occiput
2. Sinusitis.

PT AS A PERSON: Tall, 5'5, 65 kg in wt.

CRAVING: salty³ and sour. **AVERSION:** Onion. < Sun

LIFE STORY: Very close knit family. Father idealistic, creative, loyal. Mo Quiet, pillar of strength. Br: Kathak dancer.

Artistic family, bright, close, intelligent.

Patient studied Maths and theatre- an unusual combination in India!

Caring and affectionate

Fear Heights

MIND: Caring. Weeps easily. Attached family. Vivacious.

Dreams: Flying and Dead

FOLLOW-UP

2-8-02: Pain Intercostal AF AC draft in hospital and nursing: *Ran-bul* 200 QDS

4-2-02 > 70% Ct BD x 4 days.

24-8-02 no pain x 2wks. *Nat-m* 200-1 dose.

28-2-03: 2d urine scanty and frequent urge- *Puls* 200

Pt reported nil PMS for 6 mths. So also headaches, constipation, piles, etc.

In all the CME was as enriching experience. We are sure to see the same magic in the forthcoming SSMS in Feb 2004.

