

A Journey Into The Abyss

ABSTRACT: At the heart of the human brain is the emotional brain, the so called limbic structures made up of different neural tissue responsible for emotions and instinctive control of behavior. The other is the cortical cognitive brain. The emotional brain contains natural mechanisms for self healing "an instinct to heal" hence it is interesting as a physician to explore this journey.

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UNDERSTANDING THE TERM DYSMENORRHOEA

Dysmenorrhoea means painful menstruation. This is perhaps the most common problem affecting nearly 80% of women in their reproductive years. Fortunately for most women, dysmenorrhoea is mild, easily tolerated and is just a sign of normal menstruation. For others it can be quite significant, requiring intake of medicines and in a small minority it may be a sign of serious disease. Painful menstruation raises many questions:

Why does it occur? Is there an underlying disease? What is the treatment? How long will it continue? Does it affect reproduction? etc. The mild to moderate pain which accompanies 60% - 80% of normal cycles, is a sign of normal ovulation and fertility. A pain which can be ignored or relieved with one or two tablets of analgesics, rest or other symptomatic treatment is generally not harmful. What is equally interesting is: Why is the incidence of dysmenorrhoea rising in the changing face of society today?

PRIMARY AND SECONDARY DYSMENORRHOEA

Danger signs: the line between normal and abnormal pain is sometimes blurred. Following signs may warn you of the possibility of some underlying disease:

- Severe pain requiring more than 8-10 tablets or use of injections for pain
- Pain not confined to menstrual days

- Pain for more than 5 days per month or progressive increase in intensity and duration of pain. Secondary onset of pain in later years of life
- Pain associated with heavy bleeding, vaginal discharge, fever or feeling of lump
- Pain during sexual intercourse after a normal sex life
- Symptoms need to be evaluated preferably with keeping charts to understand history, duration of bleeding, origin, duration progress and other histories.

Investigations are not required if examination and history is carefully done. However in cases of secondary dysmenorrhoea, to rule out conditions like endometriosis, adenomyosis, pelvic inflammatory diseases, fibroids, cysts etc transvaginal scan and ultrasound and vaginal smears may be required. Management includes medicines and in simple primary dysmenorrhoea, a positive attitude to understand the normalcy of menstrual bleeding and also to explore the genesis, evolution and expression within / without case study of primary dysmenorrhoea.

CASE

*"The journey of an artist in search of her soul"
If I am not for myself, who will be for me.
And if I am for myself alone, then what am I
And if not now then when*



THE CORE CONFLICTS

Patient aged 24 years comes with premenstrual syndrome, primary dysmenorrhoea increasingly causing dysfunction since two years and recurrent furunculitis.

She shares her core- The rejection by mother, mother's preference for her sister, the bond with her father who helped her to express herself with her work- she is an artist by profession.

Patient completed her studies and came to Bangalore and set up her art studio. Lives alone since two years and is currently close to a freelance journalist twenty years her senior. Patient's mother has taken strong objection, she has moved in with patient asked this man to find a job first. Patient feels intrusion into her space as Mo constantly checks her mail, taps phone, does not allow her rest. She has given one year's time, as she is sure this man is fraudulent person. Patient's father as always, has been silent, which has hurt the patient. She feels forsaken. Patient feels she is not being trusted by her mother, not being respected and is hurt deeply. Patient strongly feels that unless her parents approve she will not marry this person and is hopeful he will be able to stand up for himself. Patient is suffering with PMS, dysmenorrhoea and furunculitis since two years.

THE REPRESENTATION OF HER CONFLICTS

- Patient has been drawing a series of ostrich drawings
- The ostrich is seeing its own egg on fire
- The ostrich is not sure if it should take a bucket of water and put off the fire as she may not reach on time
- She buries her head in sand (the core reflection of helplessness) the process of healing unfolds in layers, the processes pass through filters

CASE RECEIVING

- Space: "A continuous expanse, in which things exist and move and the amount of time taken or available for a particular process, an interval of time"

- Receptivity "the way in which a person is received, to accept or take into ones possession, a consent to hear or consider "
- Temporary transference of bonding

THE PROCESSING AND RESOLUTION

Totality is seemingly endless infinity of the circumference of a circle of a centre

TOTALITY OF CASE

MENTAL ATTRIBUTES Hypersensitive, Neglected feeling, Insecure, Suppression, Repression

QUALIFIED MENTAL STATE Vexation, Brooding, Weeps alone, Anxiety about future, Need for respect, Forsaken feeling.

Dreams earlier plenty and frightful, now being told things by a mother figure

CHARACTERISTIC PHYSICAL GENERALS AND PARTICULARS
< Before menses, < during menses, < after menses, Menses stains Indelible, Sweat offensive, thermal patient hot, Location Skin, Mucus membrane

MIASM: Psora

The remedy *Magnesium-mur* 200 given on September 14th

THE PROCESSES

- Presently patient needs to build resources – to come out of "child state of blames and complaints"
- Deal with long standing repressed and suppressed conflicts with mother, father, sister
- Needs to understand her own reflection of ostriches burying its head while eggs on fire
- Patients relationship with the older man – comes across as seeking — as a child — Not as an adult —hence the difficulties are not visible to her
- Physician allows ventilation
- Using art as a theme allows her to communicate her needs
- Using art allow her to explore repressed and suppressed conflicts esp with parents and other conflicts
- Using art seek resolutions of these conflicts
- Using art ask her to explore why, what, how, when, where of the relationship with boy

friend

- Using art to seek awareness and resolution of the core conflict

The intra-psychoic and inter-psychoic forces transformed medicine into the internal therapeutic healer

The patient responded to the first dose of *Magmur* 200. The drawings started with expression of anger- the continuous strokes in green, the space of white to indicate the peace, the identity a golf ball with disjointed spots, the series of drawing reflecting the state of hurt with mother, the symbolic representations of baits, disjointed family, the purring cat figurine of sister follows with the walk with the mother in the garden and the drawing of the rare gem, her father on an ice berg ...the expressions in words follow, thus

- I understand that there is a space I have to share with my mother and though we are made of the same "block", she might occupy more of the same shared space than I. Things look upwards when the attitude towards change is positive. There are threads that bind and hold petals together without which there can be no flower."
- My father is a rare gem that is set rather awkwardly even if in a natural way. His interactions with the outside world are simple and one dimensional and move outwards from him because he gives more than he takes. I accept him as he is a mirror to my actions. When it comes to my creative-expression there is endless appreciation.

The search for the divinity is in the furnace of life till the moisture of life tears die down and shape the seemingly small stone into "linga" the supreme dynamis that symbolizes truth beauty and goodness.

SECONDARY DYSMENORRHOEA

CASE 2: A STUDY OF ENDOMETRIOSIS:

Patient aged 32, has been diagnosed with endometriosis since 24 years of age. She has one child. Since four years, pain is very severe during every period and therefore most times re-

quires to stop bleeding. The right ovaries have two chocolate cysts and left ovary has been operated recently. There is an added diagnosis of adenomyosis. Personal history -craves sweets, hot patient, lean, mental state- hardworking, attached, very jovial and talkative. Remedy selection based on pathology of cyst and abnormal growth and proliferation, covering the mental and physical disposition, *Calc-flour* moderate potency infrequent doses till recovery, patient is now carrying her second child.

Concepts in management includes understanding the case, availability of characteristics (mind and body), Understanding duration and progress of illness, Stage of disease (acute/chronic), Functional /structural state of pathology. Most important understanding language of symptoms. Remedies like *Calc-carb*, *Mag-carb*, *Tuberculinum*, *Oophorinum*, *Cistus-cansadensis* can be used.

CASE 3: STUDY OF STRICTURES AND ADHESIONS IN UTERUS

A very interesting case of a young lady aged 21, came with severe dysmenorrhoea. Exploring the case allowed a traumatic story to unfold. She comes from a lower socio economic class, married a few months back. Her husband, in a state of alcoholic intoxication stabs her, which results in injuries resulting in strictures. There is a physical trauma that required *Thiosinaminum* 30 till recovery. The emotional trauma required patient to heal within, rediscover her identity, and in a new phase, remarried an engineer, completed her own graduation.... in this phase she was given *Silicea* for recurrent pharyngitis.

Approach decided by Whom? How? And why? Case decides and physician backed by sound knowledge.... and by a physician who will heal thyself.

CONCLUSION: The story of our lives is told by the everyday events, the plans we make by all our accomplishments and dreams that come true. It is also told by the thoughtfulness of others as another chapter is written in the lives of all we touch and heal"