

## The Therapeutics of Menstrual Disorders.

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There is at the present time no more inviting or necessary field of study in therapeutics than that which relates to the application of remedies for the palliation or cure of the various disorders of menstruation. The field of enquiry, both as to the pathology and symptomatology of these disorders, and the pathogeny of corresponding drugs, is so extensive that there can be little wonder that the student often becomes discouraged at the outset, and rests content with very indefinite ideas as to the true homœopathic treatment of the derangements of menstruation. Often, too, the practitioner becomes discouraged as he repeatedly sees the apparently indicated remedy fail to accomplish its purpose, and permits himself to attempt a repair of his failures by a resort to the emmenagogues, palliatives and empirical medicines of the old-school practice. In most instances, at least, such a failure in treatment is not to be attributed to the inefficiency of the remedy prescribed so much as to the inefficiency of the prescriber himself. Not that he has failed, as he often does, in selecting the indicated remedy, but rather because he fails to understand the pathology of his case and endeavours to remove with medicine symptoms which arise solely from causes which nothing short of surgical or mechanical interference can hope to remedy. Doubtless there are many pathological states giving rise to disordered menstruation which, from an allopathic standpoint, are only amenable to local treatment of some character, but which can be cured by the use of the proper homœopathic remedy without local interference. Yet it is none the less absurd for the homœopathist to attempt to cure with medicines, for example, a case of dysme-

menorrhœa resulting from atresia or stenosis or flexion, or a menorrhagia arising from fungus growth on the endometrium. Fortunately, however, mechanical causes are not always present, and the carefully selected remedy is all that is required to effect, if not a radical cure, a more or less permanent relief of the conditions present. The physician, then, who under such circumstances longs for the "flesh pots of Egypt" only does so because he fails to appreciate the fact that "manna" in abundance lies all about him if he will only collect and use it. Indeed, there is not much in the allopathic therapeutics of these affections to win the confidence of a thoughtful man. Dr. Thorburn in his recent work on diseases of women, in his article on menorrhagia, says that all internal remedies are used "more or less empirically"—in other words that they know of no rational or scientific therapeutics in menorrhagia. Hart and Barbour in treating the same disease say, "Where the practitioner is consulted as to menorrhagia in unmarried ladies or young girls, he should first try the ergotin and oxide of silver pill." If this fails, he should recommend an examination, and if that "be declined, the responsibility rests with the patient." How limited and unscientific is such a system of therapeutics, and why should one wish to try its uncertainties who has infinitely better resources at his command?

It is not my purpose, nor will the limits of this paper allow me, to mention the many remedies that may be called for in the treatment of menstrual difficulties, but I will confine myself to a few of the newer or less known drugs which evidently deserve more consideration than they have heretofore received. Who does not already know of the value of pulsatilla or calcarea or sulphur or sepia or ferrum in amenorrhœa; or of bryonia or pulsatilla or hamamelis in vicarious menstruation; or of

belladonna, ipecac, sabina, etc., in menorrhagia? But the new materia medica has furnished an especially valuable list of remedies in these disturbances, whose virtues are only just beginning to be appreciated. They seem to fill a gap in therapeutics, for it must be acknowledged that before we had cimicifuga, gelsemium, viburnum, caulophyllum, and xanthoxylum it was sometimes difficult to find the indicated or, at least, the curative remedy in dysmenorrhœa.

Erigeron, trillium and ustilago have proven their value in menorrhagia, while we could scarcely do without cimicifuga in amenorrhœa, where it stands at the head of all remedies, not excepting pulsatilla. I will now briefly consider a few of the remedies to which I have referred.

*Cimicifuga*.—As I have already indicated, this is, all things considered, our most valuable remedy in amenorrhœa, and but little less can be said of its efficiency in neuralgic and sometimes in congestive dysmenorrhœa. I am surprised, on turning to Dr. Winterburn's valuable article on these disorders in Arndt's "System of Medicine," to find that he barely mentions cimicifuga, and in Dr. Farrington's "Clinical Materia Medica," while mention is made of its value for certain symptoms during pregnancy and labor, not a word is said of its use in the conditions now under consideration, wherein I consider lies its chief sphere of usefulness.

The symptoms of cimicifuga are numerous and distinctive. It covers a different class of cases entirely from pulsatilla. My experience is that the latter remedy must be very thoroughly indicated, even to the characteristic temperament, before much can be expected from it, whereas, this is not so much the case with cimicifuga. If its symptoms are well marked, its action is correspondingly marked and its curative powers effective and complete, but

when this is not the case, where its symptoms are not well marked, it may do good service. Aside from the individual symptoms of the drug, it is especially useful in amenorrhœa or dysmenorrhœa occurring in nervous, hysterical subjects. It is most useful in neuralgic dysmenorrhœa, especially that form classified by Thomas as "ovarian dysmenorrhœa." Cimicifuga has a remarkable affinity for the ovaries, and when it is thoroughly indicated there is always more or less ovarian irritation. It is my sheet anchor in all cases suppressed menstruation where no other remedy seems to be indicated, or where other apparently indicated remedies have failed.

*Viburnum opulus.*—This drug is a still more recent addition to our materia medica. Its chief use is in the treatment of congestive and neuralgic dysmenorrhœa, and it has proved helpful also in the membranous form. In many respects it resembles cimicifuga. Like the latter it is especially indicated in nervous, hysterical subjects. Its abdominal pains are more excruciating, of a crampy, colicky nature, and less bearing down and heaviness, and there is more often associated with the pains a constant and distressing nausea. *Viburnum* is remarkable as a palliative in dysmenorrhœa. I have never known it to fail in giving relief regardless of the symptoms, but it is only curative when well indicated. Another peculiarity is that it "wears out" after awhile, especially when not well indicated. It will usually relieve promptly for three months, and after that time its action seems to be exhausted and no more good can be obtained from it. This fact was first observed by Dr. Hale, but my attention was called to it before I noticed his observation, and I have verified it scores of times since in my own practice.

*Gelsemium.*—This is already well known as one of our most valuable remedies in neuralgic dysmenorrhœa, and

has frequently proven effective in affording temporary relief in cases of obstructive dysmenorrhœa, but it is of no value whatever unless well-marked indications for its use are present.

*Xanthoxylum*.—This is another of our new remedies that promises much in this sphere. It is especially useful in neuralgic dysmenorrhœa when the flow is very profuse, and particularly in chlorotic subjects, and where the periods occur irregularly.

*Caulophyllum*.—This drug is useful in amenorrhœa where there is great atony of the uterus, and in neuralgic and obstructive dysmenorrhœa.

*Ustilago*.—This fungus, like its relative, *secale*, is useful in menorrhagia, especially when it arises from atony, of the uterus, the flow always being dark and clotted.

*Trillium*.—This remedy, on the contrary, gives a flow of bright red blood, gushing out at every movement, and very exhausting; occurs every two weeks, especially at the menopause, or as a result of exhaustion from over-exercise, or from a displaced uterus.

*Erigeron*.—This remedy also gives a very profuse bright red flow which is increased by every movement of the patient, especially when associated with irritation of the rectum and bladder, or accompanying prolapsus uteri.

*Cinnamon*.—This is an excellent remedy in menorrhagia or metorrhagia when the flow is very profuse and bright red.

*Hamamelis*.—The value of this remedy in all venous hemorrhages is already so well known that I scarcely need mention it. The flow is usually dark and passive, as it is also from other parts, but hamamelis is also frequently useful in uterine hemorrhages when the flow is active and of a bright red color, which is not the case in other than uterine hemorrhages.

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