



**PSYCHOLOGY & MENTAL HEALTH:
A JOURNEY OF FEMALE- MENARCHE TO MENOPAUSE!**

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ABSTRACT

Female- A Beautiful creation of god! She is symbol of Love!

The story of a female will be never stop up. There will be no ant the end. She is a root, she is a nature, she is mother source, as well as she is a motion- action phenomenon. She is life, nature, power & source. She is goddess or divine power from which everything is arising. The feminine is often mother/mentor figure. A women has natural capabilities to overcome her journey's obstacles. Women don't need to make the journey, we cannot stop it, contradict her because nature has its own pattern, flow & law. She is unstoppable. Women are breaking free from set patterns in the past to create a path for the present. She playing multiple duties and changing the world toward gender equality with it how successfully a woman maneuvers, her roles & responsibilities between those two epochs as she adapts or mal adapts to the challenges faced will result in her being in health or in disease. Premenstrual syndrome & menopause is a set of physical, emotional & behavioral symptoms, which exacerbated before, during or after menstruation. Premenstrual syndrome affects millions of female with different intensity. Mild symptoms which not affect with daily activities but in case of moderate to high intensity required proper medication & management. Same way in menopause female's hormones getting decline which produces mood swing in this age group. In journey of female from menarche to menopause hormones playing a main role. Just like group of hormones in females are secreted by ovary, pituitary, hypothalamus, and placenta during pregnancy. Main two king hormones are Estrogen & Progesterone which are secreted from the ovaries. They also interfere while reproductive period. Male hormone Testosterone also play in role in smaller level. Other hormones from feedback system are Gn RH, LH, FSH, HCG, prolactin & vasopressin. Here the Homoeopathy medicine not only help to regularize her cycle but also reduce the psychological issues and comorbidity in life journey from menarche to menopause.

KEYWORDS : Emotion, Female, Menarche to Menopause, Mental Health, P-N-E-I Axis

INTRODUCTION

People often wish to be freed from painful feelings of anger, jealousy, shame, guilt, and grief. Yet imagine a life without emotions. You would be unmoved by the magic of music.⁽¹⁾

The limbic system is sometimes called the "emotional brain" because it plays a primary role in a range of emotions, including pain, pleasure, docility, affection, and anger. It also is involved in olfaction (smell) and memory. Experiments have shown that when different areas of animals' limbic systems are stimulated, the animals' reactions indicate that they are experiencing intense pain extreme pleasure. Likewise, a person whose amygdala is damaged fails to recognize fearful expressions in others or to express fear in situations where this emotion would normally be appropriate, for example, while being attacked by an animal. Together with parts of the cerebrum, the limbic system also functions in memory; damage to the limbic system causes memory impairment. One portion of the limbic system, the hippocampus, is seemingly unique among structures of the central nervous system—it has cells reported to be capable of mitosis. Thus, the portion of the brain that is responsible for some aspects of memory may develop new neurons, even in the elderly.^(2,3,4,5)

Various parts of brain function differently & brain are involved different components with emotional experience:

Most emotions motivate a response (an action tendency) of some sort: to embrace or approach the person who instils joy in you, attack a person who makes you angry, withdraw from a food that disgusts you, or flee from a person or situation that frightens you. The prefrontal regions of the brain are involved in these impulses to approach or withdraw. Regions of the right prefrontal region are specialized for the impulse to withdraw or escape (as in disgust and fear). Regions of the left prefrontal cortex are specialized for the motivation to approach others (as in happiness, a positive emotion, and anger, a negative one). Parts of prefrontal cortex are also involved in regulation of emotion, helping us modify and

control our feeling.⁽¹⁾

The amygdala plays a key role in emotion especially anger and fear. It is responsible for evaluating sensory information, determining its emotional importance, and making the initial decision to approach or withdraw from a person or situation. Human beings also have mirror neurons that fire when we observe others doing something and mimic the action ourselves. Emotional relay is the release of hormones to enable you to respond quickly. When you are under stress or feeling an intense emotion the sympathetic division of the autonomic nervous system spurs the adrenal glands to send out epinephrine and norepinephrine. These chemical messengers produce arousal and alertness.

The hypothalamus, which represents less than 1 percent of the brain mass, is one of the most important of the control pathways of the limbic system. It controls most of the vegetative and endocrine functions of the body and many aspects of emotional behaviour. Almost all secretion by the pituitary is controlled by either hormonal or nervous signals from the hypothalamus. The hypothalamus receives signals from many sources in the nervous system. Thus, when a person is exposed to pain, a portion of the pain signal is transmitted into the hypothalamus. Likewise, when a person experiences some powerful depressing or exciting thought, a portion of the signal is transmitted into the hypothalamus.⁽⁶⁾

In animals, hypothalamus plays an important role in maintaining the sexual functions, especially in females. A decorticate female animal will have regular oestrous cycle, provided the hypothalamus is intact. In human beings also, hypothalamus regulates the sexual functions by secreting gonadotropin releasing hormones. Arcuate and posterior hypothalamic nuclei are involved in the regulation of sexual functions.⁽⁷⁾

Women and men are different not only in their obvious

physical attributes, but also in their psychological makeup. There are actual differences in the way women's and men's brains are structured and "wired" and in the way they process information and react to events and stimuli. Women and men differ in the way they communicate, deal in relationships, express their feelings, and react to stress. Thus, the gender differences are based in physical, physiological, and psychological attributes. There are psychological theories that present a gender sensitive viewpoint called as alpha bias, and there are others that are gender neutral representing beta bias. Alpha bias proposes that men and women are different and opposite, and in beta bias differences between men and women are ignored. Alpha bias is seen in psychodynamic theories and therapies where according to Freudian viewpoint, male anatomy and masculinity is the most desired and cherished goal and female anatomy and femininity are seen as a deviation.⁽⁸⁾

Epidemiology

Psychological distress is widely used as an indicator of the mental health of the population in public health, in population surveys and in epidemiological studies and, as an outcome, in clinical trials and intervention studies.⁽⁹⁾

"Psychological distress" is often applied to the undifferentiated combinations of symptoms ranging from depression and general anxiety symptoms to personality traits, functional disabilities and behavioural problems.

Psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression (e.g., lost interest; sadness; hopelessness) and anxiety (e.g., restlessness; feeling tense). These symptoms may be tied in with somatic symptoms (e.g., insomnia; headaches; lack of energy) that are likely to vary across cultures. Additional criteria have been used in the definition of psychological distress but these criteria do not make consensus.

Psychological distress is usually described as a non-specific mental health problem yet, according to Wheaton (Wheaton 2007), this lack of specificity should be qualified since psychological distress is clearly characterized by depression and anxiety symptoms. In effect, the scales used to assess psychological distress, depression disorders and general anxiety disorder have several items in common. Thus, although psychological distress and these psychiatric disorders are distinct phenomena, they are not entirely independent of each other. The relationship between distress and depression and to a lesser extent, anxiety raises the issue of whether psychological distress lays in the pathway to depression if left untreated unfortunately, the course of psychological distress is largely unknown.

Emotions are related to specific organs and can cause physical damage to these organs: anger is associated with the liver, worry with the lungs and fear with the kidneys, depression as a consequence of either a medical condition - usually anaemia or malnutrition or worry. Thus, somatisation is related to mood disorder and it is expressed by feeling empty or heavy-headed, insomnia, fatigue or low energy, and poor appetite. Depression and somatisation are closely intertwined and depressive symptoms are expressed in physical terms, especially involving the chest and abdomen.

Psychological Distress & Gender

Psychological distress is assessed with standardized scales that are either self-administered or administered by a research interviewer or a clinician. In principle, the development of a scale must be based on a comprehensive definition of the construct to be measured.⁽¹⁾

Two characteristics of the prevalence of psychological distress are noteworthy: the widespread gender difference and the

variation over the lifespan. The prevalence of psychological distress is higher in women than in men in most countries and in all age groups, psychological distress may be partly attributable to gender-related personality traits or biological components, such as those found in depression and anxiety disorders. Hypothesis is that, in most societies, women are more exposed or more vulnerable to the Socio-cultural risk factors associated with psychological distress. Women seem more responsive to stress emanating from their social network or their parental role and they tend to be more exposed to marital stress domestic stress and parental stress.

Reproductive Health of Female

Mood and behavioural changes have been observed to be associated with menstrual cycle since ancient times. The symptoms such as irritability, restlessness, anxiety, tension, migraine, sleep disturbances, sadness, dysphoria, and the lack of concentration occur more frequently during the premenstrual and menstrual phase. A premenstrual dysphoric disorder consisting of extremely distressing emotional and behavioural symptoms is closely linked to the luteal phase of the menstrual cycle.⁽¹⁰⁾

Mental disturbances frequently occur during late pregnancy and in the postpartum period. Postpartum blues is the most common and least severe postpartum illness affecting between 50% and 80% of new mothers, whereas postpartum depression constitutes a major depressive episode with an onset within 6 weeks postpartum in a majority of cases.

Women – A Life Cycle of Vulnerabilities⁽¹⁰⁾

As mentioned earlier, in many of the disorders, social factors and gender specific factors determine the prevalence and course in female sufferers. In fact, the numbers are meaningless without considering the sociocultural factors. Thus, depression, anxiety, somatic symptoms, and high rates of comorbidities are significantly related to interconnect and co-occurring risk factors such as gender based roles, stressors, and negative life experiences and events.

Premenstrual Syndrome (PMS) refers to a set of distressing symptoms experienced around the time of menstrual flow. Hormonal changes may underlie these symptoms which can lead to difficulties in day-to-day function and poor quality of life.⁽¹¹⁾

PMS can be clinically recognized as chronic disorder that impairs relationships, work productivity, and social activities. In a population based study 91% of the participants reported at least one symptom, 10.3% had PMS a cross-sectional survey in Gujarat, India among college students also showed that 91.4% participants had, at least, one premenstrual symptom of any given severity (mild to severe) in at least more than or equal to half of the menstrual cycles during last 12 months duration.

Symptoms of PMS have been reported to affect as many as 90% of women of reproductive age, sometime during their lives. Symptoms occur during the two weeks before a woman's period starts, known as the luteal phase of the menstrual cycle. The symptoms typically become more intense in the two to three days prior to the period and usually resolve after the first day or two of flow. Symptoms vary from woman to woman.

Estrogen is directly related to produce serotonin- an important factor in the brain to regulate mood. Other main causes are fatigue, tiredness, lack of sleep, fear of changes in sexual life, stress like family issues, career, finances, relation, etc. PMS is as normal and as natural as your periods. Most PMS symptoms can be treated using home remedies and incorporating lifestyle changes and are not a cause for alarm. If you are suffering from severe symptoms, it is best to consult your health care professional. Premenstrual syndrome (PMS)

refers to changes in mood and emotions, physical health, and behaviour pattern.

One of the strong phenomenon happen during menopause is mood swing. It defined as an extreme & rapid fluctuation in mood. During mood swing women often experiences drastically shift in her emotional state.

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It produces ups & downs & one can feel like on roller coaster, she is up one moment & down the next & never able to get off the ride that easily with these changes in moods. She feel totally down & out in her day to day life.

Menopausal mood swing is very critical state, this is often called 'The changes' it is combination of physical, mental, emotional changes. Many women are dealing with more issues at home, financial, responsibility, relations, works, children, marriage, look- appearance, emotional trauma or stress, etc. so more or less females are suffer or bother about it all issues. At the end of extreme situation she gives different kind of expressions like highly irritable or apathetic to loved one or indifference or lonely feeling etc.⁽¹²⁾

Women's Mental Health

The Facts (World Health Organization Report, 2001)⁽⁹⁾

- Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men
- Leading mental health problems of the elderly are depression, organic brain syndromes, and dementias. A majority are women
- An estimated 80% of 50 million people affected by violent conflicts, civil wars, disasters, and displacement are women and children
- Lifetime prevalence rate of violence against women ranges from 16% to 50%
- At least one in five women suffers rape or attempted rape in their lifetime.

Mental Health Management

Thus not two women go through menarche to menopausal experience it in the same way, all women are not suffer from mood swing but who are highly susceptible to it suffer more. It is a gradual process, each and every woman experience and reacts differently, like her body is going through changes that can have effect on her social life, her feeling about herself & her performance at work. The time of menarche to menopause often coincides with other major life changes, the menarche to menopause is often regarded as a disease as opposed to natural process & over the years it has become increasingly medicalised. In terms of treatment in modern medicine, they mainly manage with Hormone replacement therapy or OC Pills, it does not suit or even help every women, and also it produce many side effects. Here on the contrary Homoeopathy offers safer & holistic way to manage, it deals with each individual woman's condition & constitution by treating her at the mental, emotional & physical level.

The female reproductive system undergoes remarkable transformations from the onset of menarche to the eventual transition into menopause. This journey, characterized by distinct stages & hormonal shifts, is a fundamental aspect of a women's life. It shapes her physical & emotional well-being, impact her relationships & influence her overall health. Regular checkup & preventive measures become crucial to ensure healthy aging. Empowering woman with knowledge about her body, reproductive health, it's a journey that deserve respect, support & acknowledgment.⁽¹³⁾

During this time, it may also open unresolved or suppressed emotional issues which are coming out on surface; from the homeopathic perspective, this is to identifying symptoms that make patient a unique individual. These all are important for chronic complaint i.e. Miasms. It is obnoxious disease producing agent, inimical to life & dynamic in nature. Miasmatic diagnosis considers the predisposition, disposition, and diathesis & Anti-miasmatic constitutional medicine helps to clear up the suppression (P/H/O) ; clear up present symptoms from their root of origin, this miasmatic diagnosis leads to specific miasmatic group of medicine then select the remedy is to be taking all 'characteristic symptoms' of the individual.^(14, 15, 16) It should be corrected internally by correcting the Psycho-Neuro-Endocrino-Immuno Axis disturbance at deeper level (P-N-E-I AXIS).⁽¹⁷⁾

Thus we cannot change her physiology but she can change her life very often when she do, her hormones respond in favorable way, that's why managing her life is very important factor. For management the auxiliary treatment is very helpful at this age. Homeopathy stimulates the natural hormonal balance without the use of harmful drugs; instead it simply brings back the balance of mind, body & spirit. Dr. Stuart Close aptly puts it 'Disease is only cured by the internally administered similar medicine, with due regard to the proper auxiliary, psychical, hygienic & mechanical treatment.'⁽¹⁸⁾

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