

# The Homeopathic Therapy of Pelvic Spasms (Parametropathia Spastica) in a Gynecological Practice

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## Abstract

In a study conducted on a population of 50 women patients, aged 17 to 70, who suffered from hypogastric plexus irritation, good therapeutic results were achieved during 12 weeks of treatment with the homeopathic combination preparation Mulimen. Of these patients, 68% experienced complete relief after therapy, and 32% achieved highly significant relief from their original symptoms. All patients tolerated the preparation well. There were no side effects of any kind.

## The symptom picture presented by hypogastric plexus irritation

The role of psychic factors in the therapy is greater in gynecology than in almost any other specialized field of medical practice. A great number of the specific illnesses suffered by women are elicited by emotional and psychic elements, and are aggravated by their sociocultural environment. Many today still hold the opinion, for example, that a woman is inhibited in the performance of her normal duties during her menstrual period. This stubborn view is held despite the findings from tests which have confirmed that menstruation negatively influences neither the emotional perceptions, nor the cognitive ability, nor the physical performance of a woman [C. Schäfer, 1986].

These and similar attitudes, however, are sufficient to disturb many women: particularly those at the age of puberty, who are easily troubled along their way toward worthily finding themselves in their roles as young

women. Within the context of ambivalent attitudes toward their sexual role which may develop under such conditions, sensitive young women frequently suffer from anorexia nervosa, primary amenorrhea, dysmenorrhea, and other disorders of their genital systems.

Indeed, the situation is such that many authorities have come to the opinion that psychosomatics and sexual medicine should rightly play a much greater role in the training of specialists who treat such disorders.

The causes of hypogastric plexus irritation (also known as parametropathia spastica and pelipathia vegetativa) also lie frequently in the sphere of sexuality. Difficulties in sexual intercourse - without evidence of organic alterations of inflammatory or tumorous nature - indicate the presence of disorders in psychogenic vitality, which may in turn have many and various origins. Patients afflicted by this syndrome also complain of depressive moods from which they may suffer from time to time. Most patients also report symptoms of dysmenorrhea, headaches of migraine nature, as well as back and sacrum pain.

Of prime significance here, however, is the painful tightening of the smooth musculature of the uterus. Particularly afflicted in such cases are the uterosacral ligaments.

The massive application of psychopharmaceuticals is by no means necessarily required in the treatment of illnesses with such pronounced psychic overtones. H. Bauer has very impressively described the vicious circle into which many women fall through their continuously increasing consumption

of psychotropic drugs without ever arriving at the cause - let alone the cure - of such illnesses.

Before undertaking medicamentous therapy, the physician should speak to the patient and carefully attempt to gain insights into the conflict situations in which she may be involved. If taken seriously, most women in such circumstances will gladly take the opportunity of discussing their situations. The patient may then be gradually motivated to find her way out of a passively suffering attitude toward challenges, to deal actively in handling conflicts, and to successfully cope with difficult life situations.

Genuine, long-term therapeutic success will be possible only if the patient succeeds in developing beyond a fatalistic attitude toward her present circumstances in life. Stimulation of psychic self-healing tendencies, however, does not suffice in the great majority of cases - especially since such complaints have frequently been suffered for a considerable number of months, or even years, before the patient consults a physician.

Natural and holistic therapy offers effective possibilities for the medicamentous treatment of hypogastric plexus irritation. In the therapy of my patients, I prefer the medicinal product Mulimen, a liquid homeopathic combination preparation from the company Fides GmbH, Baden-Baden, Germany. It is manufactured in the USA by the company Biological Homeopathic Industries (BHI) Inc., Albuquerque, under license from Fides. In the USA, it is currently available in tablet form only. (Mulimen ampules will soon be available at BHI.) The broad-

spectrum pharmacological effectiveness of this medication allows its use over a wide range: for example, in treatment of dysmenorrhea among young women, as well as for complaints occurring during menopause. Recent studies have furthermore verified that it is effective in the therapy of hypogastric plexus irritation for women in all age groups [Bauer, 1986].

### The patient population taking part in the Mulimen study

Fifty patients, ranging in age from 17 to 70 and demonstrating the typical symptoms of hypogastric plexus irritation, consulted me in my specialist practice over the period of six months covered by this study. In the group of women who were younger than 50 and who had not yet entered the menopause (Group I,  $n = 27$ ), the symptoms had lasted for an average of 8 months before the beginning of therapy. One patient, 46 years old, had suffered from the symptoms for three years.

The patients in the menopausal stage (Group II,  $n = 21$ ) had suffered from hypogastric plexus irritation for an average of 20 months before starting therapy. One 54-year-old woman had already experienced the symptoms for five years. It is entirely possible that the opinion was especially widespread among this group of patients that such complaints were fully normal during menopause, and that they therefore did not necessitate particular therapy. In order to spare their patients unnecessary pain over a period of months or longer, the therapist can well see it as his or her responsibility to determine as early as possible whether symptoms are indeed apparent which justify therapy.

Two of the 50 patients were in a postmenopausal phase. Since these patients formally belonged to neither of the two main subgroups, the results of their therapy will be presented in the form of brief case descriptions in the "Results of therapy" section below.

Patients with tears in the cervical os and/or with increased erythrocyte

sedimentation rate were not included in the evaluation of this data.

### Methods applied in the study

The study with the preparation being tested (Mulimen) covered an observation period of 12 weeks. Patient checkups were conducted regularly at intervals of 14 days. Dosage of the preparation took place on an individual basis. In general, a dose of 30 drops, 3 times a day, sufficed. The maximum dose prescribed was 30 drops, 4 times a day.

The following test parameters were employed for all patients:

1. Pain upon pressure applied to the cervical portio.
2. Pain upon palpation of the right uterosacral ligament.
3. Pain upon palpation of the left uterosacral ligament.
4. Evidence of parametrium hardening.
5. Pain upon sexual intercourse.
6. Dysmenorrhea.
7. Emotional discord or upset.
8. Insomnia as a result of pain from pressure in the hypogastric region.

For patients in the menopause, the following were also included as additional criterion parameters:

9. Hot flashes.
10. Insomnia.
11. Tachycardia.
12. Nervousness.

### Results of therapy with Mulimen

Analysis of the test results was designed in such a way that direct comparison of therapeutic results was possible not only for all the above parameters, but also between the two groups. The large horizontal scale across the top of the graphs for each of the two groups indicates the number of women in each group (scale: 0.5 mm = 1 patient). It is therefore simple to read off how many patients suffered before therapy from the complaints represented by each of the parameters.

This total patient number was taken as 100% for each symptom and formed the basis for calculation of the therapeutic success, in the sense of complete or partial relief from complaints.

Figures 1a and 1b show the results of 12 weeks of treatment with Mulimen. Therapeutic success among the young women who had not reached the menopausal stage (Group I) is apparent in large percentage numerals, in the darkly shaded area for each of the 8 criteria, at the left of the bar graphs. The right half of the figure shows the therapeutic success for the group of patients who suffered from menopausal complaints in addition to hypogastric plexus irritation.

Fig. 1a clearly demonstrates that the application of Mulimen enabled achievement of complete relief from symptoms in over 90% of the cases, for 6 of the 8 parameters among the younger patients.

For the patients in Group II, 12 criteria were established and investigated by questioning of the patients. The four additional criteria checked by questioning included only menopausal complaints. In this group, total relief from symptoms in over 90% of cases, and for a total of 7 of the checked criteria, went to make up the therapeutic success achieved by the preparation.

All the patients included in this study reacted positively to therapy with Mulimen during the period of therapy. In cases in which complete relief from complaints was not achieved, the patients at least experienced significant alleviation of their symptoms. Palpation findings supplemented and verified the subjective impressions and information provided by the patients.

Mulimen has also enabled successful treatment of hypogastric plexus irritation in the postmenopausal phase. This was evident on the basis of results achieved for two patients, aged 61 and 70.

The 61-year-old patient had suffered for five months from hypogastric plexus irritation. Before beginning therapy, she experienced pain upon

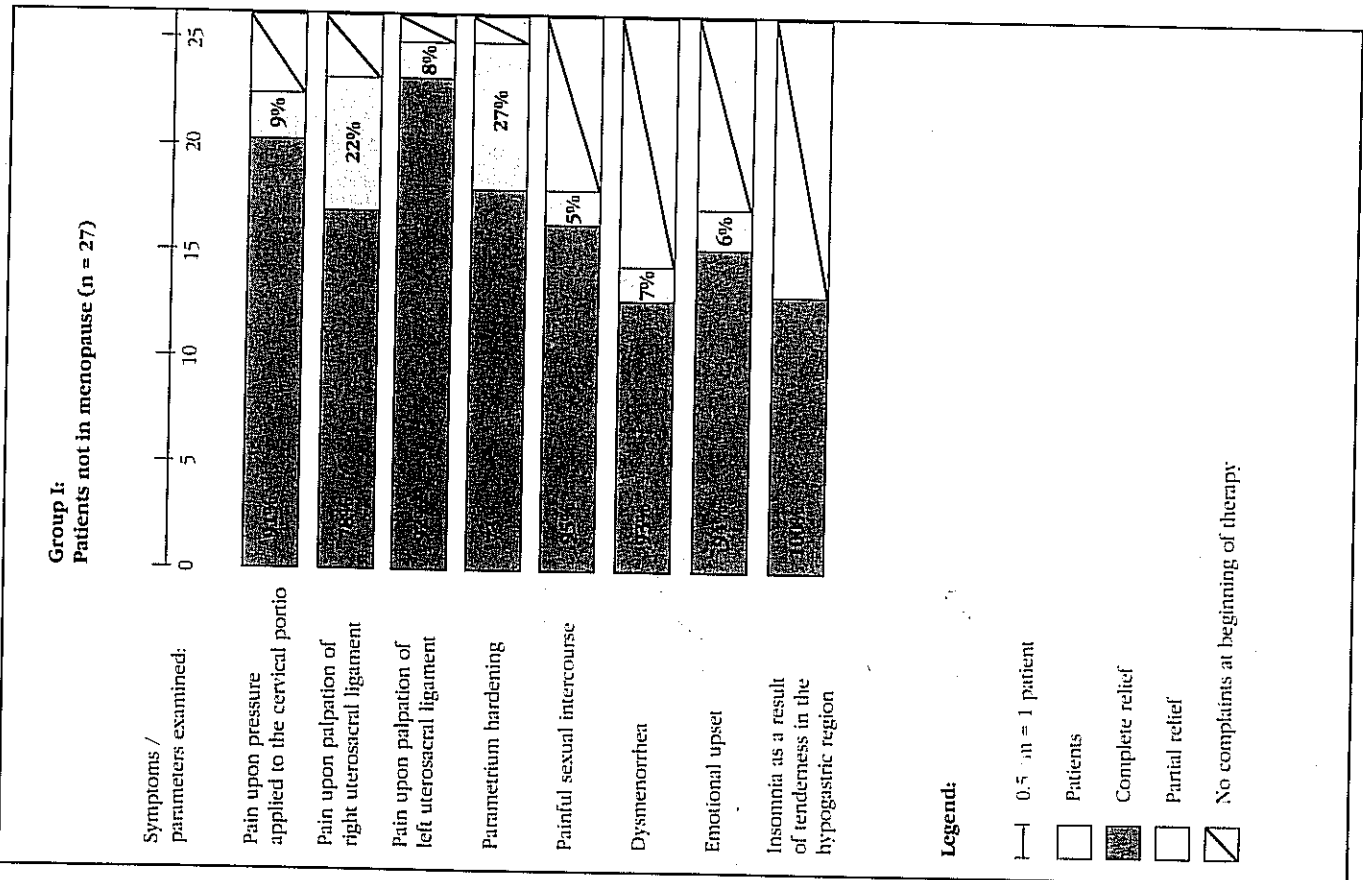


Fig. 1a: Hypogastric plexus irritation: therapy with Multimen (FIDES)

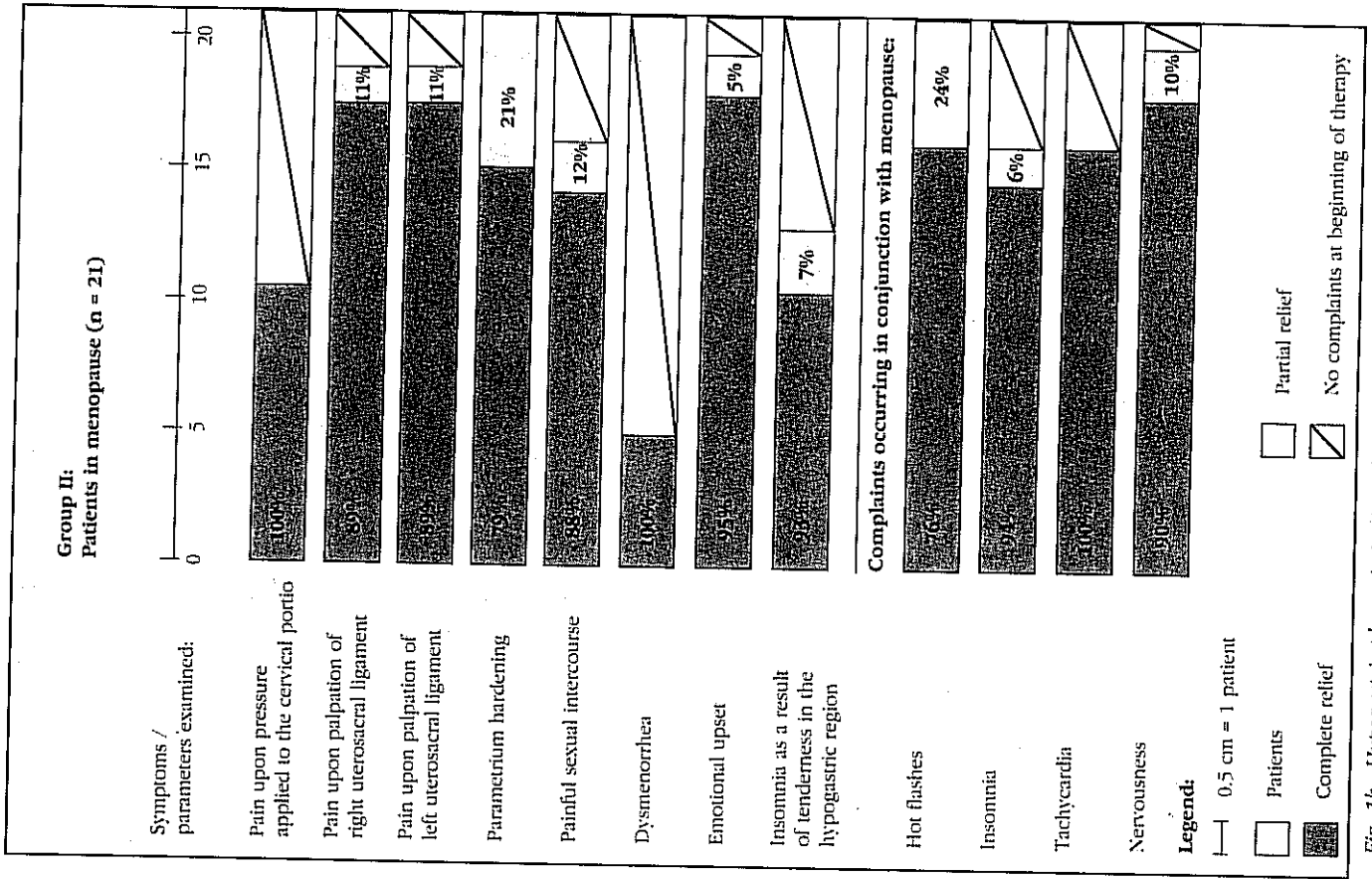


Fig. 1b: Hypogastric plexus irritation: therapy with Multimen (FIDES)

pressure applied to the cervical portio, as well as pain upon palpation of the left and right uterosacral ligaments. Parametrium hardening was also evident, and the patient complained of pain during intercourse, emotional upset, as well as insomnia from hypogastric tenderness during the night. After receiving a dose of 30 drops, 4 times a day for only 8 weeks, her complaints had abated for all symptoms with the exception of pain upon palpation of the left uterosacral ligament. After 12 weeks, she had experienced complete relief from all complaints.

The 70-year-old woman suffered from basically the same symptom picture. Therapeutic success became apparent here as well, after only 8 weeks of therapy with Mulimen (30 drops, 4 times a day). The unrelieved insomnia suffered by this patient was the result of pain from a spinal disorder which had existed for a considerable time.

Of the 50 patients, 21 suffered from menopausal symptoms in addition to hypogastric plexus irritation. Since the intensity of their complaints was also registered during the period of therapy covered by this study, it is possible to compare the effectiveness of Mulimen as achieved by these two symptom complexes.

Fig. 2 demonstrates that both complete and partial relief were achieved in respectively equal degrees by the patients in both symptom complexes. As a result, it may be concluded that Mulimen can be effectively employed as a regulatory agent for female patients of all age groups.

Contrary to substitution therapy with hormones, however, botanical preparations and homeopathic remedies - the action of which must be interpreted in the sense of stimulation of the body's own regulation mechanisms - do not initiate immediate and clearly evident therapeutic action for the patient. Inductive processes require a longer period of time until evidence of action than does the direct substitution of a deficient biochemical substance.

Medication in the form of psychopharmaceuticals, conventional spas-

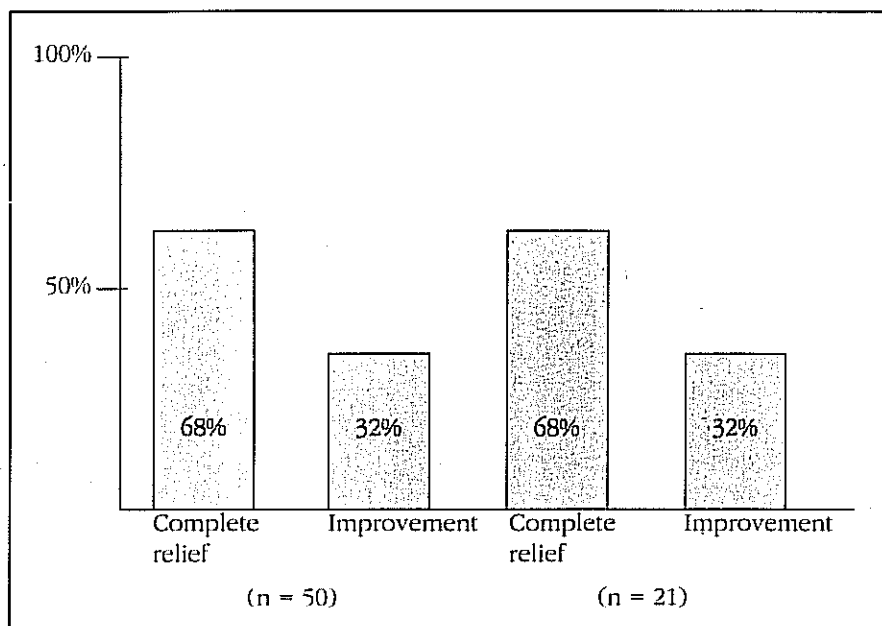


Fig. 2. Therapeutic success in treatment of hypogastric plexus irritation (50 patients) and for menopausal complaints (21 patients).

molytics, analgesics, or hormones is in many cases not advisable and even dangerous, owing to the potential substance dependence, undesirable interaction with other medication, and contradictions involved in their use. The physician and patient must by all means assess the risks involved before beginning therapy with such agents.

In contrast, the women treated with Mulimen experienced no side effects whatsoever and tolerated the medication outstandingly well - even at high dose levels (e.g., 40 drops, 3 times a day). As a result, the therapeutic success and the tolerance characteristics of this homeopathic preparation surely justify the somewhat longer period of therapy required.

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