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ABSTRACT

Gynaecological problems are not simply the result of organic pathology but psychological factors also play a significant role in such problems. An attempt has been made in this paper to stress about the importance of psycho-sexual factors in the etiology of problems related to menstruation and also that such problems can be managed well using psychological therapies. The author has treated number of such cases, few cases have also been reported in the paper.

INTRODUCTION

Menstruation is a very complicated process involving many different hormones, the woman’s sex organs and the brain. It is a part of female reproductive cycle that starts when a girl becomes sexually mature at the time of puberty. During menstrual period a woman bleeds from her uterus (womb) via the vagina.

Dysmenorrhoea, premenstrual tension, irregular periods/infrequent periods, amenorrhoea, pelvic pain during ovulation phase are the examples of problem related to menstruation and its different phases. These problems are found both in married and unmarried women. Their marital, family, academic, social and professional performance is affected due to these problems.

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Research studies conducted in the field (by Mathur & Jain, 1986, 1988, 1989; Mathur, Jain & Lall, 1988; Mathur & Bhardwaj, 1998) showed that psycho-sexual factors play important role in the causation of problems related to menstruation. The important factors are: menstrual history of women, attitude towards menstruation and feminine role, stress in life, personality of women, sexual orgasm and individuals’ own coping strategies.

Assuming the role of brain, sex organs and the quality of psycho-sexual life in the process of menstruation, it was expected that Relaxation (Reproductive muscles relaxation Therapy, Progressive muscle relaxation, Scientific hypnosis) and Cognitive Therapies (Rational Emotive Therapy) will be helpful in producing total feeling of psycho-physical relaxation, which would regulate the process of menstruation. Studies conducted by Mathur and others (1982, 1983, 1988, 1997, 2002a, 2002b) have shown effectiveness of psycho-sexual therapies in the treatment of various gynae health problems. Besides this authors’ clinical experience with patients have also yielded same results.

The paramount of the present paper is to highlight the importance of psycho-sexual factors in etiology of problems related to menstruation and the significance of using psycho-sexual therapies in the management of such problems. Few cases have been also discussed in support of the successful use of therapies used to treat various problems.

**Methods used in Treatment**

1. **Reproductive Muscles Relaxation Therapies:**

The basic purpose is to relax muscles of reproductive system, that is, Fallopian tubes, Ovaries, Uterus and the Vagina. This is done by four ways:

   a. G-Spot Stimulation (Grafenberg Spot): An area of increased sexual activity inside females vagina located in the anterior vaginal wall about 2 inches deep.

   b. Clitoral Stimulation: (Small organ at the anterior part of vulve homologous to penis).

   c. Stimulation at other parts (Cervix).

   d. Relaxation by Massager: Kept on reproductive muscles for 10 minutes.

In all the therapies, therapist continues stimulation till the client says to stop. Uterine contractions are counted by therapist and depth of the contractions also assessed. All other changes are observed by other psychologist. Patient is asked to report feelings:

   1. Relaxation in pelvic muscles and changes at other parts of the body.
2. Total feeling of psycho-physical relaxations.

2. **Progressive Muscles Relaxation:**

   Training in controlling specific muscle group throughout the body successfully tensing and relaxing each muscle group.

3. **Rational Emotive Therapy:**

   Irrational thinking is basic cause of psychological disturbances. Client is helped in disputing irrational thinking.

4. **Sex Counseling:**

   Phases of coital behaviour and importance of sexual behaviour in relaxation.

**CASE STUDIES**

**Client – 1**

: Age 30 years, Married, 2 children, Housewife, Marital duration 7 years.

**Problems**

: Dysmenorrhoea

   - Acute pain on first two days
   - Pain in abdomen/pelvic region
   - Pain in vagina
   - Feeling unwell
   - Fatigue
   - Not able to do any work at home

**Tests Administered**

: • Psycho-Physical Health Check list
   • Menstrual symptoms check list
   • Coital behaviour questionnaire
   • Interview conducted to assess attitude towards menstruation and sexual stereotypes

**Analysis**

: • Psycho-physical Health (Average)
   • Menstrual symptoms check list (More problems during menstruation)
   • C.B.Q. Frequency 10
   • Frequency of orgasm 01
   • Scores indicative of poor sex life.
Interview revealed:
Negative attitude towards menstruation: Every one feels pain, why it is only to females, it is not important.

Sexual Stereotypes:
• Man is always to initiate. Woman are not supposed to enjoy.
• No knowledge about various phases of coital behaviour.

Treatment : Reproductive Muscles Relaxation Therapy. 3 days before periods + 1 day during periods.
Progressive muscles relaxation (Fists, Abdomen, Legs). 5 days before the probable date of menstruation (2 times in a day two rounds).
Rational Emotive Therapy – It was given with a view to overcome sexual stereotypes, to develop positive attitude towards menstruation. Knowledge about various phases of coital activity was also provided to improve the quality of sex life.

Treatment sessions were conducted for four months and later on alternate months, which continued for another four months. After this, treatment was suspended, though client was asked to report about the problem for at least one year.

Results : Therapies were found effective. Client reported no pain and she was able to work at home during periods too. She enjoyed sex life more after treatment and now sexual activity was not to oblige life partner, but it was for mutual psycho-physical satisfaction. Client also reported that there was no need of injection, nor did she have to take any pain killer.

Case No. 2 : Age 35 years, married, 2 children. Guest Faculty in the University, Marital duration 10 years.

Problems : • Mild pain during menstruation.
• Severe pain during ovulation phase.
• Feels tired very soon.
• Problem for the last 7 years and not taking any medicine.
| Tests Administered | • Psycho-physical Health Check list  
|                   | • Menstrual symptom check list  
|                   | • Coital Behaviour Questionnaire  
| Analysis          | More problems during menstruation: like abdomen pain, pelvic pain. Pain was tolerable, tried to avoid medicine. More pain during ovulation phase. Lack of post coital activities.  
| Treatment         | • Reproductive muscles relaxation therapy (G-Spot Stimulation/Relaxation by Massager/Clitorial Stimulation). Therapy was given on 13, 14 and 15th day from the date of menstruation (4 months).  
|                   | • Progressive Muscle relaxation (Client was asked to do at home) 2 days before the probable date of menstruation and during ovulation phase (4 months 2 rounds 3 times in a day).  
|                   | • Sex counseling—Client was acquainted about the importance of post coital activity in maintaining the interest in coitus and waiting for next night for the same activity by examples like: one would like to see movie again and again if the end is OK along with other things like music, story etc. Client was also told to be assertive and acquainted about this aspect (what to do, as explained by therapist) to the partner—one session.  
|                   | • Scientific Hypnosis—2 sessions on 14th and 15th day from the date of menstruation (4 months).  
|                   | • After 4 months of treatment sessions, client was asked to come for session after gap of one month. This continued for another 4 months. Client reported no pain during ovulation phase and also no other problem reported by her even during period. Sex life was also improved. After this client was asked to report about the problem on telephone for one year. Subject reported no problem, indicative of no probability of relapse.  
| Case No. 3        | An unmarried girl. Her age was 21 years, student of B.A. (Final). Academic performance average.  
| Problems          | • Pain tolerable during menstruation.  
|                   | • More problems before 4–5 days of menstruation. (Premenstrual tension)  

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• Not able to perform any activity properly.
• Changes in her behaviour.
• Having problem for the last 5 years.

Tests Administered:
• Menstrual symptoms check list.
• Attitude towards menstruation.
• Psycho-physical Health check list.

Analysis:
• Menstrual symptoms check list revealed more problems along with severity before few days of menstruation like: Headache, Fatigue, Depression, Irritability, Tension.
• Negative attitude towards menstruation.
• Scored high on psychological health check list indicative of more problems like Anxiety, Anger, Tension, feeling of disappointment.

Treatment:
• Progressive muscles relaxation (exercise of all the muscles)
  • Client was asked to do these exercises (two rounds) three times in a day at home the day she starts feeling symptoms till the onset of menstruation. After the onset of menstruation she should continue this exercise once in a day (2 rounds) for 2 days.
• Scientific Hypnosis—Two sessions.
• Rational Emotive Therapy—Two sessions were given to change the attitude.
• Treatment continued for 4 months and then was asked to come for treatment after 2 months gap, which continued for another 4 months and then the treatment was suspended.

Results:
• Therapies were found effective. Client reported that the improvement was beyond her expectations. Now she had no problem and able to perform well at home and also in the college. She feels relaxed, gets sound sleep. She was asked to report every month for atleast one year about the status of problem. She was found O.K. and reported no problem.
Case No. 4: Unmarried girl. Her age was 21 years. Student of M.A. (Previous). Academic performance average.

Problems:
- Irregular/infrequent periods
- Duration of cycle 60 days.
- Had the problem for the last 4 years.
- Regular periods maintained on taking medicine from Endocrinologist, but became again irregular after stopping medicines.
- Stopped treatment after 2 years.
- Reports were not indicative of any organic pathology.

Tests Administered:
- Attitude towards Menstruation.
- Psycho-physical Health Check list.

Analysis:
- Positive attitude towards menstruation. Psycho-physical Health scores were not indicative of any problem.

Treatment:
- Progressive muscles relaxation (exercises of all the muscles).
- Client was asked to do all the exercise 3 times in a day (2 rounds) before 7 days of probable date of periods (calculated on the basis of last menstrual period).
- Scientific Hypnosis—Session was conducted before two days of the probable date of menstruation.
- Relaxation by massager (before two days of the probable date of menstruation).
- Treatment continued for 8 months. After 8 months treatment was suspended, but client was asked to report therapist about her cycle for another one year.

Results:
Therapies were found effective and the regularity in periods was maintained for one year in the absence of treatment and the patient was happy. During first two months of treatment the duration cycle remained 50 days then gradually it reached to 35 and 30 days respectively.
In brief, all the therapies were found effective in the treatment of different problems related to menstruation and its various phases. However, the underlying theoretical basis of each therapy is different.

In progressive muscles relaxation a woman learns to feel relaxed. Her muscles become relaxed and flaccid.

Cognitive therapy helps in developing a rational outlook and in the development of positive emotions and this makes a women mentally relaxed. Scientific Hypnosis is also a method of inducting a state of Psycho-physical relaxation.

Reproductive muscles relaxation and relaxation by massager provide intensive contractions in the reproductive system (ovaries, fallopian tubes, uterus and vagina) and in the entire body resulting into a feeling of complete psycho-physical relaxation.

Thus it can be concluded that it is inevitable to look into the psycho-sexual profile of a woman having gynae health problem and that to a great extent psychological therapies can be used safely in the treatment of gynae problems. Perusal of gynaecologist report is inevitable.

REFERENCES


