

JUVENILE METROPATHIA

by

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Psychological Aspect

Menstrual cycle is a physiological process, which like many other physiological functions, is influenced by emotional stress. The exact relationship between the nature of emotional conflicts and the menstrual disturbance has not been worked out. As a matter of fact, according to many gynaecologists, the exact psychophysiological correlation has yet to be established, because mere detection of the psychological conflicts — conscious and unconscious, does not by itself prove that mental conflicts have caused a menstrual disorder. However, number of studies have appeared in the literature, showing how a specific type of psychological constellation had been detected and the resolution of these conflicts had led to the improvement in menstrual disorders. For instance, mental tension associated with fright, in Jewish concentration camps, during second world war, led to amenorrhoea and menorrhagia. Cases have also been reported where craving for pregnancy has led to prolonged amenorrhoea.

Heiman, who has studied the problem of metropathia and reviewed the

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literature on the subject, has shown that pathological bleeding from the uterus is associated with unconscious fear — imagined or real, or anticipated,—of separation from love object. The object of, love may be mother, father, fiancée, husband or sexual partner. He has suggested that pathological bleeding is almost allied to "crying of the uterus". When the patient represses the feeling of guilt and sadness, associated with the separation from the loved one, the indirect somatic expression may be in the form of "crying of the uterus". Spasms of the uterine musculature and changes in blood flow of the uterus, leading to bleeding, are an expression of mental agony. He has stressed that these patients with metropathia, look apparently calm, cool and collected and do not show emotional lability, so that the detection of the underlying emotional stress is deeply repressed and, therefore, often difficult to detect during the initial interviews. Large number of sittings would, therefore, be required to establish the causative relationship between the nature of the emotional stress and the somatic manifestations.

How does emotional stress lead to menstrual disorder is not quite clear. After all pituitary is primarily responsible for adequate functioning of various glands of internal secretion,

including gonads. Ovarian dysfunction in its turn, would lead to the disturbance in the production of estrogen and progesterone, which control the rhythm of menstrual cycle. Recent work has shown that pituitary itself is under control of the hypothalamus which in its turn is influenced by many areas of the central nervous system, like neo-cortex, visceral brain, reticular activating system, etc. Thus, mental stress, of which the patient may not be aware, may, through the hypothalamus, influence the pituitary, gonads and consequently, menstrual cycle. Hypothalamus also influences the autonomic nervous system, which in its turn can influence involuntary muscles of the uterus. Thus, although, menstruation is a physiological function, controlled by the hormones, psychological factors might influence menstrual cycle by producing neurohormonal disturbances.

This is not to suggest that absence of any organic factors, automatically suggests that the menstrual disturbances are psychogenic in nature. What is suggested is that thorough study of the patient's personality and emotional conflicts might give us helpful clue in our efforts to study the

etiology of the menstrual disturbances, particularly when no evident organic factors justify menstrual disturbance. Although time consuming the study might be very rewarding, particularly in many cases of idiopathic amenorrhoea or juvenile metropathia.

Although, it might be difficult for a clinician to decide which case might be referred to a psychiatrist, it is suggested that every case of menstrual disorder should be investigated, not only to find any organic pathology, but also study psychological conflicts and emotional problems, because of the possible etiological relationship between the emotional stress and the menstrual dysfunction. In cases in which no organic lesion has been detected to explain the juvenile metropathia, psychiatric treatment may be useful, for prolonged study of the emotional factors may be needed as the underlying emotional conflicts are often not within awareness of the patient.

Many drugs are of use in the treatment of metropathia, but if the symptoms are persistent or recurrent, psychotherapy and hypnotherapy might be useful in many of these patients.