American Journal of Psychiatric Rehabilitation

Expert Opinion Article

Stress-Induced Menstrual Irregularities In Indian Working Women: A Homoeopathic Perspective

Dr. Nisha Sisodia[1*], Dr. Harmandeep Kaur [2], Dr. Manjeet Maan[3], Dr. Archana Sharma[4]

[1*]MD (Hom), HOD, Associate Professor, Department of Obstetrics and Gynaecology, Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Tantia University, Sri Ganganagar (Raj).
[2]Assistant Professor, Department of Homoeopathic Repertory & Case Taking, Sri Ganganagar Homeopathic Medical College Hospital and Research Institute, Sri Ganganagar (Raj.)
[3]Assistant Professor, Department of Anatomy, Merchant Homeopathic Medical College and Hospital, Mehsana, Gujarat.
[4]Associate Professor, Department of Homoeopathic Repertory & Case taking, JR Kissan Homoeopathic College, Rohtak (HR).

[*]**Corresponding Author-** Dr. Nisha Sisodia
* MD (Hom), HOD, Associate Professor, Department of Obstetrics and Gynaecology, Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Tantia University, Sri Ganganagar (Raj).

Abstract
Menstrual irregularities (cycle length changes, oligomenorrhea, amenorrhea, polymenorrhea, menorrhagia and dysmenorrhea) are common and can impair productivity and quality of life among working women. Psychological stress-particularly chronic work-related stress-disrupts the hypothalamic–pituitary–gonadal (HPG/HPO) axis via the hypothalamic-pituitary–adrenal (HPA) axis and is a significant, often under-recognized contributor to menstrual dysfunction. In India, studies indicate a high prevalence of menstrual complaints among working women and link these to stress and workplace factors. Complementary therapies, including individualized homoeopathy, are used by some women for menstrual complaints; however, the evidence base is mixed with few high-quality randomized controlled trials and systematic reviews showing inconclusive results. This review synthesizes physiological mechanisms, epidemiological evidence (with emphasis on working women and Indian data), and its homoeopathic management as integrated clinical approach.

Keywords: *Stress, menstrual irregularities, HPA axis, HPO axis, Homoeopathy etc.*

Introduction

Menstrual irregularities affect a substantial proportion of reproductive-aged women and can directly affect work performance and increases absenteeism. Working women face unique stressors like prolonged working hours, work–life conflict, excessive job demand, psychosocially unhealthy work environment, menstrual taboo in professional settings etc, which may increase the risk of menstrual disturbances. Psychological stress is an important — and frequently overlooked — etiologic factor. Understanding the pathways by which stress alters menstrual physiology is essential for clinicians and occupational health practitioners. Concurrently, many women seek complementary approaches such as homoeopathy; clinicians should therefore know the evidence for benefit and limitations.

Methods

A narrative synthesis was performed of recent reviews, original studies and trials relevant to stress and menstrual function, the prevalence and impact of menstrual disorders among working women (with an emphasis on India), and the clinical evidence for homeopathic treatment in menstrual complaints. Sources included PubMed, Google Scholar and selected open-access Indian journals up to late 2025.

Physiology: how stress disrupts the menstrual cycle

Acute and chronic psychological stress activates the HPA axis, increasing corticotrophin-releasing hormone (CRH) and cortisol. Elevated cortisol exerts inhibitory effects on hypothalamic gonadotropin-releasing hormone (GnRH) pulses and alters pituitary luteinizing hormone (LH) and follicle-stimulating hormone (FSH) secretion; this can impair follicular development, ovulation and endometrial function, producing oligomenorrhea, amenorrhea, anovulation and changes in bleeding patterns. Animal and human studies, and recent reviews, document these pathways and their clinical consequences (HPA → suppression of GnRH → altered FSH/LH → ovulatory dysfunction).

Epidemiology: stress, working women and menstrual problems

Global systematic reviews report associations between higher psychological stress and menstrual disturbances (irregular cycles, anovulation, heavy

bleeding), though relationships to specific cycle-length changes can be inconsistent across studies. Recent systematic reviews and original studies indicate a consistent signal: women with higher perceived stress report more menstrual complaints.
In India, cross-sectional studies among working and student populations report a high prevalence of menstrual disorders and link them to stress, sleep disturbance and workplace conditions. For example, recent Indian studies of working women found substantial rates of premenstrual symptoms, dysmenorrhea and irregular cycles with significant associations with perceived stress and reduced quality of work life. Workplace factors such as inadequate menstrual management facilities, stigma and inflexible schedules further compound the problem. These social and occupational determinants make working women a high-priority group for targeted assessment and interventions.

Clinical presentation and assessment
Clinicians should suspect stress-mediated menstrual dysfunction when irregularities co-occur with high perceived stress, sleep disturbance, major life/work changes, weight fluctuations, or significant psychosocial burdens. Assessment should include a focused history (cycle pattern, stressors, medications, eating/exercise habits, weight changes, contraception), basic labs as indicated (pregnancy test, thyroid function, serum prolactin, FSH/LH, estradiol) when investigating amenorrhea and screening for functional hypothalamic amenorrhea in appropriate cases. Simultaneous evaluation of workplace factors and psychosocial stressors is recommended.

Some previous Research:
- A cross-sectional study of 1450 women found a significant association between stress (specifically from the COVID-19 pandemic) and menstrual irregularity ($p < 0.05$). Common changes included early or late cycles, aggravated symptoms (cramping, back pain), and heavy bleeding. Individuals with aggravated symptoms scored higher on stress scales, suggesting stress relief interventions could alleviate menstrual irregularities. (2022, Journal of Pharmaceutical Research International)
- A study of 100 female students established an association between high perceived stress levels and menstrual irregularity. The findings suggest that while stress impacts regularity, other causes should be considered for issues like flow duration or dysmenorrhea. (2015, PubMed)
- A study in an urban Indian setting investigated the efficacy of individualized homoeopathic remedies in 50 patients. 45 patients showed improvement in symptoms. The study highlights that cause like mental stress is common and homoeopathy, by addressing the "totality of symptoms," can be effective in treating functional menstrual disorders. Frequently prescribed remedies included *Calcarea carb.*, *Natrum mur.*, and *Pulsatilla*. (2025, ResearchGate/IJRPR)
- A trial investigated the efficacy of individualized homoeopathic medicines (IH) versus a placebo in treating PMS symptoms. The IH group showed a statistically significant reduction in symptom scores compared to the placebo group. The study concluded that IH medicines are significantly effective in reducing PMS symptoms, with *Natrum muriaticum* being a frequently indicated medicine. (2024, PubMed)
- In a case series of 18 women with secondary amenorrhea and oligomenorrhea, all received individualized homoeopathic treatment. The average frequency of cycles per year increased significantly post-treatment, from 4.32 to 9.6 cycles. This study supports homoeopathy's potential to restore ovulatory cycles. (2025, Research Gate)

Homoeopathic approach
Homoeopathy attempts to correct this imbalance by treating the mind and body as a single unit. Homoeopathic practice commonly uses individualized remedies selected for patient-specific symptom profiles.

Key principles applied:
Individualisation– each woman shows a unique combination of emotional and physical symptoms.
Totality of Symptoms– remedy selection considers mental stress, menstrual pattern, generals and personality.
Minimum Dose & Dynamic Action– medicines stimulate self-regulation, improving neuro-endocrine balance.
Psychosomatic Integration– homoeopathy addresses emotional triggers that underlie menstrual dysfunction.
Commonly Indicated Homoeopathic Remedies
Ignatia amara- Grief, emotional shock, silent suffering, sighing. Irregular or suppressed menses after stress or sorrow.
Natrium muriaticum- Reserved, holds emotions, past disappointments. Late, scanty flow, headache before menses.
Pulsatilla nigrican- Mild, yielding, need for affection, changeable mood. Delayed or scanty menses, < closed room, > open air.
Sepia officinalis- Indifference to family, irritability, exhaustion. Irregular cycles, bearing-down sensation, PMS.
Lachesis- Loquacious, jealous, intense emotions. Short, scanty cycles or profuse bleeding; < before menses.

Kali phosphoricum- Nervous breakdown from overwork. Menses irregular with fatigue, insomnia, mental dullness.

Cimicifuga racemosa- Depression, anxiety, fear, muscular tension. Neuralgic dysmenorrhoea, irregular periods after worry.

Graphites- Timidity, indecision, suppressed emotions. Late, scanty menses with stress-related hormonal imbalance.

References

1. Dutta's DC. Textbook of Gynecology Enlarged & Revised Reprint of Sixth Edition, November. New Delhi: Jaypee brothers medical Publishers (P) Ltd. 2013, 57.
2. Mbiydzenyuy NE, Fomengia JN, Mogga S. Stress, hypothalamic-pituitary-adrenal axis and reproduction: implications for women. Int. J Womens Health. 2024;16:45–59.
3. Vigil P, et al. Chronic stress and ovulatory dysfunction: implications in reproductive health. Front Glob Womens Health. 2022;3:866104.
4. Maheshwari P, et al. Prevalence of premenstrual syndrome and its effect on quality of work-life in working women: a cross-sectional study. J Clin Epidemiol Public Health. 2023; (article).
5. Poitras M, et al. Bloody stressed! A systematic review of the associations between psychological stress and menstrual disorders. Psychoneuroendocrinology. 2024.
6. Jones A. Homeopathic treatment for premenstrual symptoms: systematic review. Br. J. Obstet Gynaecol. 2003;110(11):1005–1010.
7. Mathie RT, Ramparsad N, Legg LA, Clausen J, Moss S, Ford I. Randomised, double-blind, placebo-controlled trials of non-individualised homeopathic treatment: systematic review and meta-analysis. Syst Rev. 2017;6(1):63.
8. Yakir M, Frenkel M, et al. Effects of homeopathic treatment in women with premenstrual syndrome — randomized trial. Evid. Based Complement Alternat Med. 2001;8(2).
9. Naderi Z, et al. Effectiveness of homeopathic treatment for abnormal uterine bleeding: comparative study. J Homeop Pract. Res. 2020.
10. Kiyak S, et al. Relationship between menstrual cycle pattern and post-traumatic stress: a clinical perspective. Brain Behave. 2024.
11. Saadedine M, et al. The silent pandemic of stress: impact on menstrual cycle and reproductive health. Stress Res. 2025.
12. "Stress Induced Menstrual Cycle Irregularities AMIDST the..." (2022, Journal of Pharmaceutical Research International)
13. "To evaluate the effect of perceived stress on menstrual function" (2015, PubMed)
14. "A Prospective Study of Efficacy of Homoeopathic Similimum in Management of Menstrual Disorders in Unmarried Girls" (2025, Research Gate/IJRPR)
15. "A double-blind, randomized, placebo-controlled trial" (2024, PubMed)
16. "Homeopathy for the treatment of menstrual irregularities: a case series" (2025 [due], ResearchGate)
17. Boericke W. Pocket manual of homoeopathic materia medica. 9th Ed. New Delhi: B. Jain Publishers, 2007.
18. Allen H.C. Allen's Keynotes, Rearranged and Classified with leading remedies of the Materia Medica & Bowel Nosodes, 9th edition: B. Jain Publisher Pvt. Ltd., New Delhi, Reprint edition 2004.
19. Kent James Tyler. Lectures on Homoeopathic Philosophy. Memorial Edition Reprint. B. Jain Publishers Pvt. Ltd., New Delhi, 2004.