

THERAPEUTIC APPROACH WITH AUTOGENIC TRAINING IN MENSTRUAL DISORDERS

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SUMMARY

The interesting results obtained in the juvenile dysmenorrhea therapy with Autogenic Training have suggested us to extend its use to other pathological conditions.

This method, which is well known for its

relaxing effects, was applied in menstrual disorders such as anovulation, secondary amenorrhea or irregular cycles, not due to any organic pathology and therefore of a presumed CNS-hypothalamic etiology.

The results demonstrate the usefulness of the Autogenic Training in the therapy of psychosomatic disorders.

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During a research on the treatment of juvenile dysmenorrhea with Autogenic Training (A.T.) it has been incidentally observed that irregular menses had become progressively normal already during the treatment or shortly after its end.

Having observed in the past few years in young women of our region a steadily increasing number of menstrual disorders, from minor to the most serious ones, such as secondary amenorrhea, we have thought interesting the possibility of verifying the usefulness of A.T. in this pathology.

The reasons to start this study have been the following:

a) The tendency on the part of too many physicians to treat all menstrual disorders with hormones without having first ascertained the pathogenesis of these disorders. Thus the danger arises of fostering an emotional need of menstrual regularity as an index of normalcy and therefore of further disturbing an already instable balance of the Hypothalamic - Pituitary axis. The failure of the hormone treatment often starts off a diagnostic trek that will require a set of hormone evaluation and instrumental diagnostic techniques all of which risks of further worrying the patient who has already been worried enough by her family;

b) To verify the real incidence of psychosomatic troubles related to menstruation.

In the past few years we have observed a remarkable change in psychosomatic manifestations: symptoms which were once considered classic, such as hyperemesis gravidarum are very much decreased in number and have practically disappeared, while others once considered very rare have now become quite common. It looks as if menstrual disorders belong to this second group.

We have asked any female medical student suffering of menstrual disorders to meet us.

MATERIAL AND METHODS

After having determined the hormonal situation with simple tests such as:

- 1) Basal body temperature;
- 2) Hormonal cytology;
- 3) Radio-immuno-assay of plasma progesterone;

and having evaluated the degree of latent or manifest anxiety with:

- 1) Luscher 8 F test;
- 2) Manifest Anxiety Scale (M.A.S.) by Taylor;
- 3) Anamnestic Psychosomatic Questionnaire;

they were grouped in small units of 5-6 subjects and subjected to A.T. for three months with intervals of one to two weeks between sittings. Furthermore some meetings were organized in which problems of the woman and of the couple were discussed.

The sample here considered consists of 55 young women in age ranging between 20-22, unmarried, of middle and middle-high social and economic status. They all had the first menstruation at a regular age and presented normal development of the sexual secondary characteristics.

The pathology was as follows:

— 50 subjects complained of irregular menses, with prevailing oligo or ipomenorrhea. The symptomatology usually had started 1 or 2 years before and was characterized by markedly ipoestrogenic anovulatory cycles.

— 5 subjects with secondary amenorrhea which had started from 6 to 12 months before and who had already been treated elsewhere without beneficial results and such that the basic clinical and laboratory data could rule out any organic cause.

The hormone evaluation was repeated at the end of treatment and at the 3rd, 5th and 12th month.

RESULTS

The results obtained can be described as follows:

— 50 subjects with anovulatory cycles: ovulatory cycles appeared with regular flow in 64% of the subjects as follows:

— 16 subjects (32 %): the ovulation appears at the 3rd month of treatment and is still present in subsequent controls at the 5th and 12th month;

— 10 subjects (20 %): the ovulation appears at the 5th month of treatment and is still present at the 12th month check-up;

— 6 subjects (12 %): the ovulation appears after one year of treatment;

— 18 subjects (36 %): negative results;

— 5 cases of secondary amenorrhea: the flow reappears in 3 subjects:

— 1 subject at the 2nd month of treatment: the flow remains regular thereafter;

— 2 subjects at the 3rd month of treatment: the flow remains regular thereafter;

— 2 subjects: negative results.

It is evident that the number of cases of secondary amenorrhea is very small and we prefer to mention the results as they constitute the starting point which authorizes us to begin a systematic study on a larger number of subjects which will hopefully allow us to reach valid conclusions on this subject.

At this point we think it important to point out the tight relationship between the negative results and the poor psychological availability of the subjects and the insufficient persistence in the application of the technique. It is furthermore evident that with a greater experience the evaluation of the patients' applicability and of their psychological availability will allow us to screen out the ones who need a different sort of treatment.

The results of the psychological tests have showed the following main characteristics:

1) An improved awareness of one's adult role in social life;

2) Unresolved adolescent problems;

3) Emotional instability and ambivalence in relation to the milieu;

4) Marked latent anxiety, manifest anxiety in the limits of the norm.

Three months after the end of the A.T., retests have showed:

- 1) An improved awareness of one's body;
- 2) A better degree of attainment of a satisfactory affective relationship;
- 3) A better integration of one's sexual impulses;
- 4) A decreasing latent anxiety, in relation with the decrease of the need for defensive mechanisms.

CONCLUSIONS

The good results obtained allow us the following conclusions:

1) The psychosomatic pathology of the menstrual cycle is much commoner than what has been so far thought; it looks like it represents not so much a rejection of femininity itself as we thought in the past, as a difficulty in accepting an adult role with all the responsibilities that such a role implies in today's society;

2) This pathology is probably transitory and can find a spontaneous solution only if the family and social milieu are not so drastic as to transform necessarily a symptom into an organic pathology. The failure of many hormone treatments finds its cause in the non-resolution of basic conflicts and may be long lasting or contribute in making such symptoms permanent;

3) It is very important to keep in mind this type of problems in as much as they seem to confirm the theory, already put forward by others, that anovulation may be the first manifestation of a pathology that will end up in amenorrhea.

Up to now amenorrhea was considered the manifestation of quite serious psychopathologic situations. On the force of our data we can affirm that it is present also in subjects who do not belong to such a group and it sometimes represents only the expressions of momentary evolutionary problems.

The therapeutical validity of A.T. lies not only in the relative ease with which its technique can be learned, and in the different approach it has to the specific menstrual problem and to body awareness, but also in the value of group dynamics, which is a major help for the woman in living with these problems in a state of lessened inner conflict.

A.T. must be considered as a temporary non-directive help which involves the patient in the totality of her biopsychic unity and allows her to meet and solve her problems in an autonomous and independent manner.

There is a definite relationship between the persistency in applying the A.T. and the results obtained: the negative results can be charged to an insufficient application of the technique or to the presence of unusual resistance, in which cases it would seem better to apply a more specific and more individual sort of treatment.

Our approach, which has given positive results in 64 % of the cases, seems to be satisfactory not only because it has brought about the solution of the menstrual problem but also because it allows the patient to become aware that the symptom is not the cause of the disorder but is the result of more complex inner conflicts.

We must admit at this point that it's difficult to determine how much of the positive results is due to the A.T. itself, how much to the extremely positive approach of our team, how much to group therapy and lastly how much to the chance the young women had, during the 3 months of treatment, to find an answer to some personal and general problems. It is evident however that a good A.T. should take all these factors in consideration.