

Research Article

MHM- An Issue for Future Human Drug Trials in Homoeopathic Materia Medica

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Abstract: Menstrual Hygiene Management (MHM) is an active component of Adolescent health initiative of the Rashtriya Kishori Swasthya Karyakram (RKSK) of the National Health Mission (NHM) of all the 18 Empowered Action Group states where NHM is operational since the introduction of National Rural Health Mission (NRHM) in 2005 (GoI, 2014). MHM is defined as 'women & adolescent girls are using clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstrual period, using soap & water for washing the body as required & having access to facilities to dispose of used menstrual management materials (WHO/UNICEF JMP, 2012). Globally, at least 500 million women & girls lack proper access to menstrual hygiene facilities. Several factors influence difficult experiences with menstruation, including inadequate facilities & materials, menstrual pain, fear of disclosure & inadequate knowledge about the menstrual cycle (World Bank, 2018). The global MHM day started in 2014 when the German based NGO WASH united co-ordinated the menstrual hygiene day as the overall global co-ordinator. The global day was decided to be the 28th of May every year as the menstrual cycle is of 28-day duration & usually lasts for 5 days. That's how it is 28th day of the 5th month of every year (Wikipedia, 2014). Similarly, on these lines, the RKSK program was also launched in India in the year 2014 (GoI, 2014). The objective of the current study is to see the relevance of Homoeopathy in the area of MHM & whether the symptoms collected on MHM about 200 years ago will be still relevant in the current era of using disposable sanitary pads by menstruators.

Keywords: Menstrual Hygiene Management (MHM), National Health Mission (NHM), Rashtriya Kishori Swasthya Karyakram (RKSK), WHO/UNICEF JMP, Homoeopathic Materia Medica.

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About MHH & related vocabularies (UNICEF, 2019)

Menstrual Health & Hygiene (MHH) encompasses both MHM & the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment & rights. These symptomatic factors have been summarized by United Nations Educational Scientific & Cultural Organisation (UNESCO) as accurate & timely knowledge, available, safe & affordable materials, informed & comfortable professionals, referral & access to health services, sanitation & washing facilities, positive social norms, safe & hygienic disposal, advocacy & policy.

- A menstruator is a person who menstruates & therefore has menstrual health & hygiene needs. These persons are girls, women, transgender & non-binary persons.
- Menstrual hygiene materials are the products used to catch menstrual flow such as pads, cloths, tampons or cups.
- Menstrual supplies are other supportive items needed for MHH such as body, laundry soap, underwear & pain relief items.
- Menstrual facilities are those facilities most associated with a safe & dignified menstruation such as toilets & water infrastructure.

INTRODUCTION

Hypatia, a philosopher, mathematician, teacher & inventor of Alexandria, Egypt, who lived from 350-370 Christian Era (CE) to 415 CE threw her used

menstrual pad at an admirer in an attempt to get rid of him (Femme International, 2013). This is the first recorded use of sanitary pads in the global history. Commercially, Johnson & Johnson developed their own

version of sanitary pads in 1896 called Lister's Towel or sanitary towels for Ladies (Femme International, 2013).

With passing time, the issue of menstruation got more complex in each nation along with India where the social, cultural & religious factors influence the issue. MHM is a three-word issue. The first two words relate to the individual, house-hold & social institutions around which the hygiene factors revolve around. The third word is management that includes the manufacturing of pads, supply chain of pads & the disposal method of the used sanitary pads.

The above-mentioned paragraph is substantiated by a study in 2018. The study elicited that menstruation & menstrual practices still face many social, cultural, religious restrictions which are a big barrier in the path of MHM. Awareness is to be created to promote use of reusable sanitary products or the natural sanitary products made from materials like Banana & Bamboo fibres, Sea sponges & Water Hyacinth (Kaur R *et.al*, 2018). Another study mentions that due to cultural norms & stigmas, menstruating women are not allowed to use water & sanitation facilities & in some cases even excluded from home as menstruation is considered impure (Water Aid, 2009).

Studies have been done to understand the effective strategies to deal with the above-mentioned issues. A study done in 2014 mentions that to roll out MHM related initiatives, the most effective strategies include engaging community members, training of key stakeholders & to cultivate peer leaders. It also mentions that the state of Tamil Nadu is the first to recognize MHM as an issue to be addressed through its sanitation policies & programs. It also mentions the role of media while mentioning that Indian media reports on

MHM actively (Dasra, 2014). The study by Water Aid also indicated that key areas on MHM should be relationship between menarche & school drop-out, relationship between MHM & other health outcomes, to increase awareness of MHM among household decision makers including husbands, fathers & in-laws (Water Aid, 2009).

It is significant to note here that the state of Odisha has an annual festival known as 'Raja' festival. The term Raja comes from the word Rajaswala which means a menstruating woman. It is a 4-day festival that is celebrated in the mid-June (14th, 15th, 16th, 17th usually) every year. It signifies that mother earth menstruates just like women do & during this period the menstruation of mother earth is celebrated. Menstruation symbolizes fertility & creativity. The traditional knowledge on agriculture supports the belief that during this period, the earth is most fertile & it is the best time for germination of seeds. Hence, Raja festival marks the onset of sowing season after a long dry spell. On the 4th day of the 4-day festival, mother earth is given a ceremonial bath (Panda R, Oxfam India, 2020). Hence, it is seen how culturally menstruation is embedded in the agrarian society.

The figure below shows how MHM is cross sectoral involving education, reproductive health, gender & Water Sanitation & Hygiene (WASH) to reach all girls. There are four Sustainable Development Goals & two goals of Global Partnership for Education strategy (GPE) that are related to MHM. Hygiene & specific needs of women of MHM is related to SDG 6, gender sensitive infrastructure of MHM is related to SDG 4, reproductive health of MHM is related to SDG 3, ending all forms of discrimination & empower all girls of MHM is related to SDG 5 (UN,2015). Similarly, the two goals of GPES as mentioned in the figure are related to addressing the components of MHM (GPE, 2020).



Figure 1

Current situation of MHM in India

The AC Nielsen study done in 2010 & mentioned below is the first large scale study on MHM in India. The next large-scale study that included MHM is the National Family Health Survey (NFHS) 4th round. As per NFHS 4, at the country level, use of cloth & other materials by MHM users are categorised under

using unhygienic methods. Similarly, the hygienic methods are like locally prepared sanitary napkins, other sanitary napkins & tampons. The table below gives both these hygienic & unhygienic methods with the names of the states & the percentage of users in these states under these two categories separately.

Table 1 – States & the users of Hygienic & Unhygienic methods of MHM (Source-NFHS 4, 2015-16)

Users of Hygienic methods of MHM in percentages in Indian states	Users of Unhygienic methods of MHM in percentages in Indian states
Mizoram- 93%	Bihar-82%
Tamilnadu- 91%	Chattisgarh-81%
Kerala- 90%	Uttar Pradesh-81%
Goa- 89%	Uttarakhand-55%
Sikkim- 85%	
Maharashtra-50%	
Karnataka-56%	
Andhra- 43%	

It is seen that largely the smaller states have more hygienic users than the larger states. Further analysis in the survey reflects that among the hygienic users, 42% use sanitary napkins, 16% use locally prepared napkins. Among those surveyed, 48% in rural area use sanitary napkins & 78% of those surveyed in urban areas use sanitary napkins.

The survey also establishes a link between education & wealth for the use of hygienic protection.

The survey mentions that women with 12+ years of schooling use 4 times more than non-schooling. Women with highest wealth quintile use 4 times more than the lowest wealth quintile.

The survey mentions ‘Jaunsar Bawar’ region of Uttarakhand state filled with cultural taboos. This issue has been dealt in detail in this article. Regarding opinion of users, the survey tells us that low cost pads are not given regularly & young girls are shy to ask for

pads. It suggests that a local depo holder can be set up at the community level to keep pads. This suggestion was given in the survey report written in 2015-16 & as a result of that, the Suidha pads & the modalities to upscale the use of pads were strategized by the Governments as mentioned in this article.

It also cites that eight states account for 70% of cloth users in the country. Regarding number of users, it is seen that the state of Bihar has 6.5 million users whereas the state of Uttar Pradesh has 15.6 million users. However, NFHS 4 is limited to adolescent girls and young women in the age group of 15-24 years of age and it does not mention about the frequency of use (PSI,2018).

One of the key stakeholders in MHM is the Government schools in the country. The latest report of the Annual Status of Education Report (ASER) i.e. the 13th report mentions that 22.8% of rural schools surveyed have usable toilets & 11.5% of rural schools have no separate toilets for girls. While some schools had separate toilet for girls, 10.5% of these were locked & 11.7% were locked & unusable (ASER, 2019).

The Water Supply & Sanitation Collaborative Council mentions that among 747 girls across India, 70% had no idea about menstruation at the onset of menarche (WSSCC, 2013). The 2005-2006 study of Indian Council of Medical Research (ICMR) mentions that 70% of mothers consider menstruation dirty & polluting with many teachers & Front-Line Health Workers (FLW) echoing this sentiment thus perpetuating a culture of silence, shame & misinformation to the next generation (ICMR, 2005-06).

Another study mentions four important aspects of MHM. The first aspect informs that 88% menstruating women use old fabric, rags or sand. The second aspect mentions that Reproductive Tract Infections (RTI) are 70% more common among women who use unhygienic materials. The third aspect deals with schools where it says that girls are typically absent for 20% of school year due to menstruation, the second reason after household work. The last deals with Self Help Groups (SHG) where it stresses that despite the growing number of local SHGs producing sanitary pads, they often face limited economic viability (A C Nielsen & Plan India, 2010).

The large-scale sample survey of India mentions that 130 million of India's households lack toilets, leaving particularly women & girls with many challenges to manage their menstruation in privacy while maintaining hygiene (NSSO, 2012). The issue of MHM & all its related modalities are discussed in a nut shell in the 2016 Global MHM day celebration document for India (MHM day, India fact sheet, 2016).

Initiative of the Governments

The Menstrual Hygiene Management for adolescent girls was since the launch of RKSK in NRHM under adolescent health. The Menstrual Hygiene Scheme was launched in 2011. To augment the benefits of the program for the adolescent girls, the Government of India launched the Jan Ausadhi Suidha oxo-biodegradable sanitary napkin @₹ 2.50 per piece in June 2018. Since August 2019, the price is @₹ 1 per piece. It is distributed through the Jan Ausadhi Kendras & by the ASHAs in the community where the users have to buy at this subsidized rate (GoI, 2019). This particular scheme is for the non-school going or school drop outs among the adolescent girls.

In order to prevent absentees among girls during their menstrual cycles, the state governments have launched schemes for Direct Benefit Transfer (DBT) to the bank accounts of the parents of the girls to enable them to purchase sanitary pads. ₹ 300 is transferred to the bank accounts annually i.e. ₹ 25 per month (GoUP, 2018). This scheme is only for the girls who are enrolled in the Government high schools. It encourages enrolment & prevents absentees. For example, the Uttar Pradesh government started the Kishori Suraksha Yojna in 2015 for girls of classes 6 to 12th in Government & Government aided schools which were given free of cost (Go UP, 2015). Currently the system is through the DBT scheme.

The users will gradually opt for the Suidha napkins as these are much cheaper & hence the number of cloth users are going to slide in the near future.

Role of Homoeopaths

The most challenging issues of MHM are with the adolescent girls. If they learn to deal with the issues, they can handle it better when they become adults. As per the Census 2011, 7.6% of India's population are adolescent girls. The population of India is 1210854977 & its 7.6% turns out to be 92024978.

Regarding use of pads, user may change pads every 4 hours as the flow stabilizes. During heavy flow, the user may have to change every 2 to 3 hours. However, there is no fixed answer that are true for every woman (Johnson & Johnson Pvt.Ltd,2016-19).

Using the above information, a single user uses 4 pads per day & 20 pads every month assuming the user has 5 days duration menstrual cycle. Annually, one single user uses 240 pads. Hence, in a calendar year, all the adolescent girls of India will use 92024978 multiplied by 240 or 22085994720 number of sanitary pads. If all the other users of sanitary pads are considered, it can be easily known about the huge need & that's why a huge market potential exists & there is a greater push for the promotion of pad use.

The Homoeopath can use this information to tell every patient that visits him or her & explain the proper use of pads. Simultaneously, prescribe Homoeopathic medicines that addresses the pain & discomfort including stabilizing the flow. He or she can give information on Suvridha pads & ask the visiting patients to procure the pads from ASHA or the Jan Ausadhi Kendras. This approach if followed by all the dispensaries across the nation, it can be well gauged about the volume with which the issue of MHM can be dealt effectively.

Homoeopathic Approach

The system of medicine has variety of coverage as there are multiple medicines for various symptoms in the Homoeopathic Materia Medica. In MHM, Homoeopathy has a clear role in the hygiene component of MHM where the discomfort, heavy bleeding during menstruation & other vaginal discharges like leucorrhoea during non-menstruation days. The advantages of the system is that the user need not take the medicines every month as the effects are long lasting. The second biggest advantage is that it not only relieves the symptoms but also prevents the user from other uterine & gynaecological diseases in future. Last but not the least, like the Suvridha sanitary pads, it is cost effective, clinically effective & without any side effects while having the potential to cover masses at a low cost. Simultaneously, it is user friendly & culturally appropriate (Singh P *et al.*, 2005). For the purpose of this article, only the drugs mentioned in Allen's key notes for MHM indicating use of washable materials like cloth as an absorbent by the user have been considered.

MHM related issues for Materia Medica in future

Currently, the state & the central governments are promoting the use of sanitary napkins as mentioned above. As the public & private sectors are both working aggressively on this issue, by 2023, it is expected that the majority of the population will use sanitary pads. The use of sanitary pads is also done during leucorrhoea also.

The symptoms of the materia medica indicate that the provers were using cloth as absorbents during their menstrual cycles. That's why symptoms like 'difficult to wash off' are recorded during human drug trials. As largely cloths will not be used, the below mentioned symptoms related to washing of the used menstrual materials will not be of any use & hence these symptoms will be obsolete & gradually abandoned by Homoeopaths.

There has to be new parameters set for future drug trials keeping in mind that the provers are not using any reusable materials & are using disposable menstrual materials. Even if the symptoms like colour of the discharge are recorded during drug trials, these

symptoms may not be told by many patients as they might say we just dispose the material with out bothering about the quality of the vaginal discharge.

Allen's key notes- MHM

The most preferred book on materia medica across the globe among the Homoeopathic fraternity is Allen's Key notes. The article highlights the issue of revisiting the human drug trials among the females of 15-49 years age group who are the target group for all reproductive health purposes (GoI, MoHFW, 2005).

The article has picked up all the MHM related symptoms where the used menstrual materials are washed by the user or the users have observed the symptom while washing their bodies with soap. These two components are integral to the definition of MHM already mentioned above. The symptoms related to the body washing also may not be elicited as the cloth user has chances of leakage rather than the sanitary pad user. There are six drugs related to washing & staining of menstrual or vaginal discharges. These are given exactly the way these symptoms are written in Allen's key notes (Allen, H. C. 2019).

1. Mag Phos- difficult to wash off
2. Medorrhinum- stains difficult to wash out
3. Mercurius- Leucorrhoea- aggravation from contact of urine which must be washed off (Sulphur)
4. Kreosote- Leucorrhoea- has the odour of green corn, stiffens like starch, stains the linen yellow.
5. Iodum- Leucorrhoea- stains & corrodes the linen.
6. Mag Carb- difficult to wash off (Med).

CONCLUSIONS

While proving (human drug trials) new drugs or reproving of the above-mentioned drugs, the researchers may not come across these symptoms in near future as the user of disposable sanitary pads would have gone up on a large scale. Hence, new parameters have to be followed for future human drug trials (proving) under the MHM category. If the researchers want to elicit these symptoms, they have to sensitize the provers before the trials or need to probe skill fully while recording the symptoms experienced or observed by the provers. MHM is a perennial area of research & Homoeopathic research should also update the process accordingly in tune with the changes in society.

The recorded symptoms of materia medica as mentioned above needs to be updated or else it is expected to create confusion among Homoeopaths in future. It is to be noted that as per Table 1, the states which have larger user group of sanitary pads, the Homoeopathic department is likely to face this situation earlier than the states which have larger users of unhygienic methods.

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