

## Efficacy Of Homeopathic Medicines In Dysmenorrhoea

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**Abstract:** Background: The study aims to prove the efficacy of Homoeopathic Medicines in Dysmenorrhoea was conducted for 1½ year in the age of 14-45 years. Dysmenorrhoea is commonest complaint in females affecting half of females in the age of 11-45 years. It is one of the leading causes of periodic absentee in colleges and school. It incapacitates women in her day to day life<sup>1</sup>. It is defined as painful menstruation of uterine origin and is divided in two categories Primary and secondary. Primary begins typically during adolescences and there is no pelvic cause while secondary is uncommon during adolescences and results from pelvic origin. This article focuses on classification, pathology, clinical type and efficacy of homoeopathic medicines. The aim is to give a pain free menstruation to female thus improving quality of life in women. Material And Methods: A total of 20 patient were selected who complained of moderate to severe dysmenorrhoea for 1½ year with holistic approach according to model case proforma. Result: The study shows that in majority of cases there was no major cause for dysmenorrhoea 90% of cases responded well with Homoeopathic medicines where majority cases required PULSATILLA as a constitutional medicine, Mag Phosphoricum as an acute and Tuberculinum as intercurrent remedy. Among these, constitutional medicine acts more effectively. Conclusion: Thus it can be concluded that Homoeopathic medicines prove effective along with change in lifestyle, food habits and distress. Acute exacerbation can be controlled with acute medicines and anti miasmatic are required in stands still conditions. Potency can be 30 or 200 depending on susceptibility. [Rao J Natl J Integr Res Med, 2021; 12(5): 48-50]

**Key Words:** Dysmenorrhoea, Menstrual, Cramps, Menstrual Pain, Menorrhagia.

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**Introduction:** Dysmenorrhoea means painful period. They are of two types: - (a) Primary (b) Secondary<sup>2</sup>. Primary Dysmenorrhoea means menstrual cramps which comes recurrently. Pain starts one or two days before actual bleeding starts. Pain is from mild to severe and is usually experienced in lower abdomen, back or thighs. It lasts for 12 to 72 hrs and is accompanied by nausea, vomiting, fatigue & occasionally diarrhea. Dysmenorrhoea is usually relieved as age advances and child birth.

Secondary dysmenorrhoea<sup>2</sup> is painful menses due to an infection in female reproductive organs. Pain begins early & lasts longer. Usually it is not accompanied with other symptoms. Menstrual cramps is due to a chemical called as prostaglandin which makes uterus contracts. A muscular organ in which a baby grows. During menstruation it contracts strongly, It if contracts strongly. It can press against nearby blood vessels thus stopping oxygen supply to muscular tissue resulting in to pain.

In secondary dysmenorrhoea the pain may be due to various conditions of reproductive organs

like Endometriosis, Adenomyosis, pelvic inflammatory, diseases, fibroids. The pain is of aching type in hips, lower back and inner thighs with a feeling of pressure in abdomen.

**Material & Methods:** Research is carried out by experimental study.

Source of Data: Study was undertaken in patients attending my clinic of Kakrapar Atomic Power Station, Anumala. 20 patients were selected in the age group of 14 -45 yrs. Cases were recorded by keeping holistic concept in mind. Study was conducted from April -2007- August -2008.

Sampling Produces: Case Taking was done according to the scheme of model case Performa with follow up protocols.

Method of Data Collection: Data is collected according to instruction laid down by Dr. Hahnemann in organon of medicine Aphorism no 83 to 105 and medicine was selected on the basis of repertorial analysis and totality.

Material: Case record format.

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**Clinical Protocol:** Data was collected according to scheme of model case Performa and was Processed as per standard protocols. The study was explained to patient and consent was taken from them.

**Inclusion Criteria:** Patient in age group of 14-45 yrs. was included who were suffering from dysmenorrhoea- diagnosed cases were also taken for study.

**Exclusion Criteria:** Cases above the age of 45 yrs. And female suffering from AIDS was excluded.

**Results:** Out of 20 patient, 17 i.e. 90% of cases responded well to Homoeopathic medicines. Only 3 cases i.e. 10% didn't respond as expected. In majority of cases (10 out of 20) no cause could be found out. Major cause being endometrioses in secondary dysmenorrhoea.

**Socio-Economic Factor:** The prevalence rate of dysmenorrhoea is more in middle and lower socioeconomic people as complained to upper middle and high socioeconomic families. Family history has no major role in dysmenorrhoea.

Remedy was selected on basis of symptom similarity with the help of repertory and constitutional remedy was prescribed by using different repertories.

**Table 1: Homoeopathic Medicine Used Were As Follows**

Pulsatilla	4
Calcarea Carb	3
Lachises	1
Sepia	1
K. Carb	1

Study showed that Pulsatilla<sup>3</sup> and Calcarea<sup>3</sup> were given in maximum cases. It also showed that there was no specific remedy for dysmenorrhoea.

Acute medicines were used in few cases where it is seen that Belladonna<sup>3</sup>, Mag Phos<sup>3</sup> and Colocynth<sup>3</sup> were frequently indicated medicines in acute cases or acute exacerbations of chronic cases.

**Table 2: Acute Remedies Used Were**

Belladonna	2
Mag Phos	3
Colocynth	1

**Table 3: Intercurrent Remedy Used Were**

Medorrhinum	1
Tuberculinum	2
Syphiliinum	1

**Table 4: Ratio Of Constitutional, Acute And Intercurrent Medicines**

Constitutional	Acute	Intercurrent
10	06	04

Different potential used were 30-15 patients and 200 for 05 patients.

**Table 5: Ratio of Potency in 20 patients**

Potency	Patients
30	15
200	05

The above study showed that homoeopathic treatment is the best treatment if the case is diagnosed early.

Intercurrent medicines<sup>4</sup> were used where ever there was no desired result, like Medorrhinum in 1 case, Tuberculinum in 2 case and Syphiliinum in 1 case.

**Discussions:** In the present study 20 cases of dysmenorrhoea were selected by considering inclusion and Exclusion Criteria. Maximum cases were in the age group of 31-35yrs. Married women are more affected than unmarried. Out of 20 cases, 12 were married and 06 were unmarried.

Occupation has no role in incidence of dysmenorrhoea both working as well as house wives were affected Primary & secondary dysmenorrhoea cases were equally seen.

Predisposing factors like Adenomyosis, PID, Endometriosis etc are the main risk factors.

Mixed miasms has a mojour role 62 % fundamental, 37% dominant Psora-sycotic miasms in which 37 % of them are dominant & 14% are fundamental, 14% had tubercular miasms as fundamental miasms.

**Conclusion:** Dysmenorrhoea cases increased significantly due to change in life style, change in food habits, stress, irregular diet and sleeping hours, overexertion etc. Primary daysmenorrhea is commonest. Secondary dysmenorrhoea more

between age group of 31-35 years. Psora-Sycosis is the dominating miasm.

Homoeopathic treatment is solely based on totality of symptoms in both acute and chronic cases, history should be taken carefully. Acute episodes should be cleared by acute medicines and it is advisable to give constitutional medicine to avoid recurrences. It can be concluded that constitutional remedies are helpful to avoid recurrence of complaints without any complication or suppression.

Antimiasmatic is necessary where case reaches a standstill position, at the beginning or at end of treatment to complete the cure.

Potency selection depends on susceptibility of patient. Where susceptibility was low 30 potency and in medium susceptibility in 200 potency.

Dysmenorrhoea cases can be treated successfully with Homoeopathic medicines inspection of cause and predisposing factors. Duration of treatment varied according to case earlier the diagnosis was the duration of treatment.

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