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## Efficacy Of Homoeopathic Treatment in Dysmenorrhoea

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### Abstract

**Background of Study:** Most women have some pain during periods. The pain is often mild but, in about 1 in 10 women, the pain is severe enough to affect day-to-day activities. The pain can be so severe that they are unable to go to school or work. Doctors may call period pain 'Dysmenorrhoea'. Period pain is one type of pelvic pain. Dysmenorrhoea is found only in females. It may be associated with many more symptoms. All such symptoms together will give a disease picture to be cured. Curing a disease by means of Homoeopathy will mean to find out a Similimum for every particular individual case. **Result & Conclusion:** Out of the 50 patients studied, 26 patients were under the low socio-economic status, 15 patients belong to middle class and 9 patients belong to upper class. 28 patients (56%) had spasmodic dysmenorrhoea & 22 patients had congestive dysmenorrhoea which shows its prevalence is more in spasmodic dysmenorrhoea. Marital Status-36 patients (72%) unmarried & 14 patients (28%) married which shows its prevalence is more in unmarried. The most effective homoeopathic medicines found in this study were Caul. (8 patients); Actea. & Apis. (7 patients each); Bell., Mag.phos., Sepia, & Vib. (6 patients each) & Aco. (4 patients).

**Key word-** Dysmenorrhoea, Spasmodic, Congestive, Homoeopathy, Similimum.

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### INTRODUCTION

Dysmenorrhea means painful periods. Dysmenorrhea is the medical term for menstrual cramps. Menstrual cramps are pain or discomfort in the lower abdomen just before or during a menstrual period. Women with dysmenorrhea have pain just above their pubic bone that may travel to

their lower back and thighs. The pains usually start hours before the period begins and may last for several days.

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Dysmenorrhoea is a painful or cramping sensation in the lower abdomen often accompanied by other biologic symptoms, including fatigue, dizziness, sweating, head-aches, backache, nausea, vomiting, diarrhoea, all occur-ring just before or during the menses .

**Definition - Dysmenorrhoea** is a common gynecological medical condition of pain during menstruation that interferes with daily activities. Dysmenorrhoea is often defined simply as menstrual pain, or at least menstrual pain that is excessive.

Dysmenorrhoea can feature different kinds of pain, including sharp, throbbing, dull, nauseating, burning, or shooting pain.

**Incidence** - It is a common problem affecting as many as 75% of females in the late teens and early 20's and gradually goes away. It is more common in women who have not yet had a child and often goes away after childbearing and increasing age. Menstrual cramps are responsible for lost time at work and at school.

#### **Risk Factor For Dysmenorrhoea -**

The highest risk factor for dysmenorrhoea is in women with the following:

1. Smoking
2. Overweight
3. Age younger than 20

4. History of starting the period before the age of 11
5. Drinking alcohol during the menstrual period
6. Heavy bleeding during periods
7. Depression or anxiety
8. Dieting
9. Never having delivered a baby.

#### **Types Of Dysmenorrhoea-**

Dysmenorrhoea can be classified as follows

- A. **Spasmodic** (Primary, Intrinsic) - Dysmenorrhoea Signifies pain due to menstruation and of Uterine Origin. Patient is young, usually 15-24 years rare after 30 Years.

#### **Types Of Primary Dysmenorrhoea:-**

- a) **Membranous Dysmenorrhoea** is a variety of spasmodic Dysmenorrhoea where there is casting of big pieces of endometrium.
- b) **Obstructive Dysmenorrhoea:** A type of spasmodic dysmenorrhoea dependent upon a partial or complete closure as obstruction of the genital canal

- B. **Congestive (Secondary Extrinsic) Dysmenorrhoea-** Means pain associated to pelvic lesions. Eg uterine fibroid, IUCD Patient is usually elderly beyond 30 years.

### **Causes of Pain in Primary Dysmenorrhoea-**

The definite causes of pain is unknown but the following are some important factors which are held to be responsible

- Psychological Factor
- In Young Single Women leading sedentary lives
- Impaired state of health, Physical & Mental exhaustion
- Faulty sex education is also an important factor
- Obstructive factors
- Endocrine factors

### **Causes of Pain in Secondary Dysmenorrhoea:**

The factor causing pain lies with the Primary lesion as follows:

- Uterine Condition – Uterine Fibroid, IUCD
- Pelvic Endometriosis
- Ovaritis
- Salpingitis

**Symptoms** - Symptoms of Dysmenorrhoea often began immediately following ovulation and can last until the end of menstruation. This is because dysmenorrhoea is often associated with changes in hormonal levels in the body that occur with ovulation. The use of

certain types of birth control pills can prevent the symptoms of dysmenorrhoea because the birth control stop ovulation from occurring. Patients suffering from dysmenorrhoea also complaints

- Nausea & Vomiting
- Headache
- Hypersensitivity to sound, light, smell & touch
- Diarrhoea or Constipation
- Hysetrical

### **Diagnosis Of Dysmenorrhoea**

- The diagnosis of dysmenorrhea is usually made simply on a medical history of menstrual pain that interferes with daily activities. However, there is no universally accepted gold standard technique for quantifying the severity of menstrual pains. Yet, there are quantification models, called menstrual symptometrics, that can be used to estimate the severity of menstrual pains as well as correlate them with pain in other parts of the body, menstrual bleeding and degree of interference with daily activities

### **Investigations For Dysmenorrhoea**

- Once a diagnosis of dysmenorrhea is made, further work-up is required to search for any underlying cause of it, in order to be able to treat it specifically and to avoid aggravation of a perhaps serious underlying cause. Further work-up

includes a specific medical history of symptoms and menstrual cycles and a pelvic exam. Based on results from these, additional exams and tests may be motivated, such as:

1. Blood haemoglobin estimation is to be routinely done for anaemia
2. Pelvic USG where Uterus & Ovaries are found normal.
3. Laparoscopy is now done for cases with secondary Dysmenorrhoea.
4. Other Investigations are directed as per indications.

**Complications** - Menstrual cramps have no medical complications in themselves, but they often interfere with school, work and social activities. The diseases and conditions sometimes associated with menstrual cramps may have complications, though. For example, endometriosis can cause fertility problems, while pelvic inflammatory disease can scar your fallopian tubes, increasing the risk of a fertilized egg implanting in the tube (ectopic pregnancy) instead of in your uterus.

**Management** - The first part of management is explanation of menstrual process, sex education and reassurance to the patient.

1. All girls need health promotion by primary health care For thin, girl's adequate food, afternoon rest, and oral iron. For obese, reduction of weight for 5 Kg is done by restricting rice, potato sweets but having chapatti, dal, milk, vegetables, fruits, exercise & walking.
2. Nourishing Diet, Correction of Constipation, Physical exercise and undulating regular habits are necessary adjuvants.
3. Avoid foods that contain caffeine and salt.
4. Avoid smoking and drinking alcohol
5. Hot fomentations or the Hot water bag may afford great relief from pain.
6. Psychological care is taken in all cases.

### Homoeopathic Approach

Homoeopathic system of medicine is unique as the prescription is based on "Symptom similarity" rather than "Disease diagnosis". The correct medicine is determined not by the diagnosis of disease but by carefully observing and eliciting the specific complex of physical, mental and emotional characteristics the Patient is presenting which forms the "Totality of symptoms". This "Totality" helps us to come up with a list of closely related medicines applicable to the case. These

medicines are further referred in the Homoeopathic Materia Medica. Thus Materia Medica and Repertory go hand in hand. The final selected medicine is given in accordance with the Principles of Homoeopathy as given in the Organon of Medicine.

### Homoeopathic Therapeutics

Aconite Napellus , Actea Racemosa , Apis Mellifica , Belladonna , Caulophyllum Thalictroides , Magnesium Phosphoricum, Sepia Officinalis , Viburnum Opulus .

### Aim And Objective Of The Study

1. To study types, clinical presentation and complications of dysmenorrhoea.
2. To evaluate the efficacy of diet and regimen and life style modifications proposed by present situation.
3. To stop recurrent attack with the help of Homeopathic Medicines

### MATERIAL & METHODS

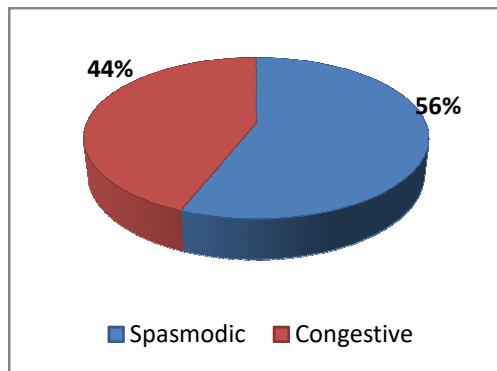
1. **Site of study :** The study has been conducted on patients who attended the OPD, IPD & POPDs of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, Ludhiana.
2. **Age & Sex:** This study has been conducted on patients of age group 15-45 years & females.

3. **Medicine:** Medicines have been selected after repertorisation on symptoms similarity.
4. **Pharmacy:** All the medicines has been taken from pharmacy of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, Ludhiana.
5. **Inclusion Criteria:** Patients who have excess pain during menstruation interfering with daily activity are included.
6. **Exclusion Criteria:** Patients who had advanced pathology & cases with complication are exclude.
7. **Duration Of Study:** Duration of study is 1 year 6 months.
8. **Investigation:** According to requirement of cases, investigations has been done.
9. **Sample Size:** The study includes 50 cases.
10. **Selection of medicine :** After proper case taking & repertorisation of each case has been done.
11. **Repetition & Change Of Potency:** According to the need of the case.
12. **Diet & Regimen:** According to the instructions given by Dr. Hahnemann in Organon of Medicine & according to the case also.

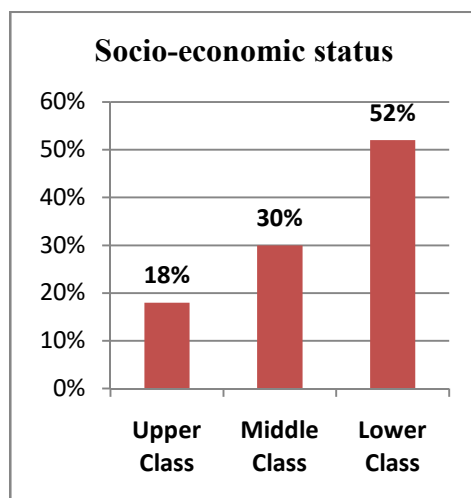
13. **Assessment & Follow Up:** Subjective symptoms, Objective symptoms & Lab diagnosis whenever required.

## RESULT

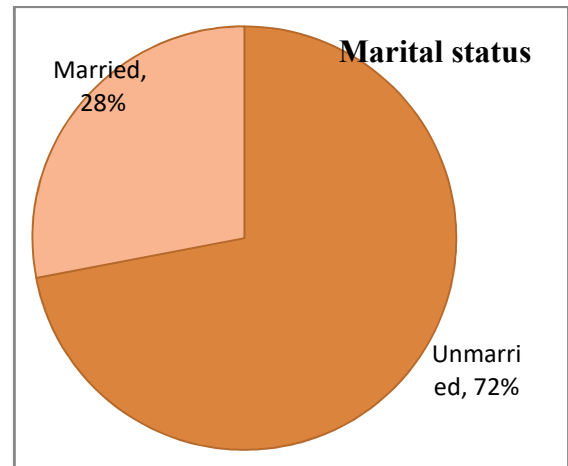
1. **Disease Distribution** - 28 patients (56%) had spasmodic dysmenorrhoea & 22 patients had congestive dysmenorrhoea which shows its prevalence is more in spasmodic dysmenorrhoea.



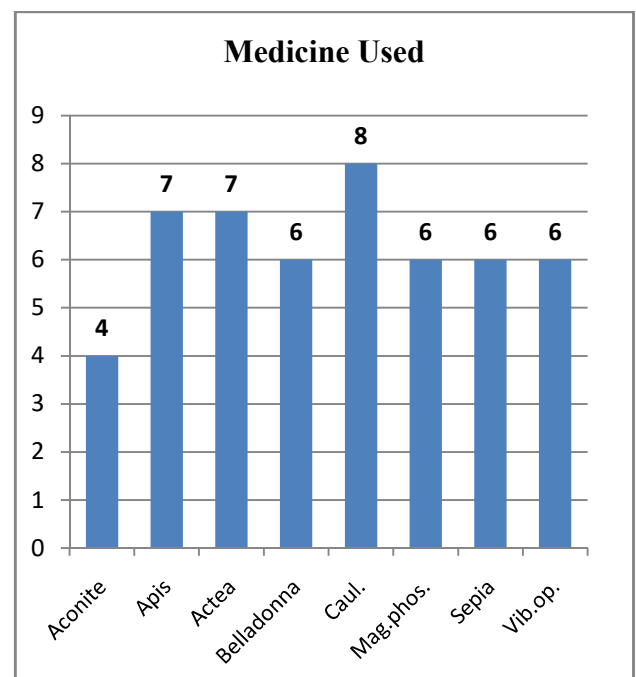
2. **Socioeconomic Status** -Out of the 50 patients studied, 26 patients were under the low socio-economic status, 15 patients belong to middle class and 9 patients belong to upper class.



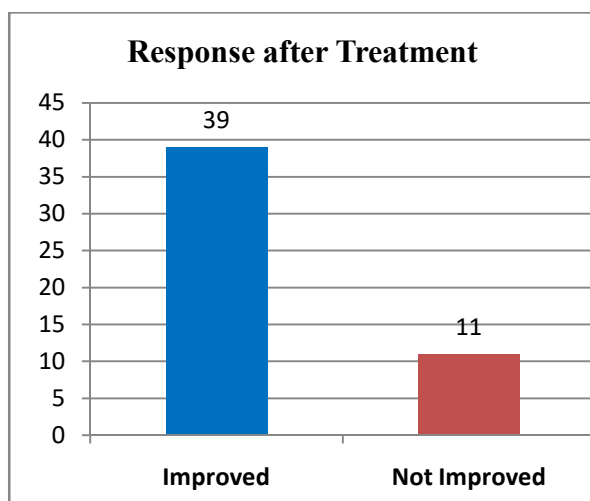
3. **Marital Status** – In my study 36 patients (72%) unmarried & 14 patients (28%) married which shows its prevalence is more in unmarried



4. **Medicine Used During Study-** The most effective homoeopathic medicines found in this study were Caul. (8 patients); Actea. & Apis. (7 patients each) ; Bell., Mag.phos., Sepia, & Vib. ( 6 patients each ) & Aco. (4 patients).



**5. Response after treatment-** In this study, out of 50 cases of dysmenorrhoea, 39 (78%) cases are Improved by first selected medicine and 11 (22%) are not Improved by that medicine.



## CONCLUSION

The results obtained in the study are found to be 78% cure rate with homoeopathic treatment. Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition so to give him a proper similimum, the use of materia medica is essential. When a homeopathically selected medicine is administered to a sick person, there is disappearance of symptoms and restoration of patient to health. It represents the reaction of susceptible organism to the impression of the curative remedy.

Therefore, natural therapy like Homoeopathy is the safest and well-recommended treatment for dysmenorrhoea without the use of harmful drugs. Homoeopathic treatment along with healthy living and a sense of purpose in life can minimize the changes that happen during this period

This study has proved importance of reportorial approach, miasmatic approach and peculiar uncommon symptom approach for treating the cases. So this study has proved a thriving utility of homeopathic medicines and management of dysmenorrhoea.

Homoeopathy consists of unchanging laws and principles, which once mastered, will unfailingly guide the predisposition and the management of the case. It has been logically evolved as an experimental science according to the method of inductive reasoning in which exact observation, correct interpretation; rational explanation and scientific construction play a leading role.

The following salient conclusions have been drawn from the present study after summarizing its findings.

- Homoeopathic treatment is best suitable for the management of dysmenorrhoea. Homoeopathic



remedies give prompt relief in pain and improve movement.

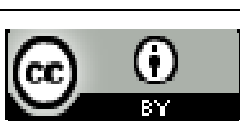
- Even though the remedies cannot bring improvement in pathological changes in dysmenorrhoea but patient experiences significant relief in pain.
- Long term use of NSAIDS causes other side effects in the body which are not seen with homoeopathy. In the management of dysmenorrhoea, use of constitutional homoeopathic approach with use of acute homoeopathic remedies whenever found necessary.
- It can be stated that homoeopathic drugs should be used as first line of treatment in dysmenorrhoea instead of using NSAIDS for the purpose.

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