

# Efficacy of Centesimal Potency 30 CH & 200 CH in Case of Primary Dysmenorrhoea

Dr Purvi Andani<sup>1</sup>, Dr Bhushan Rajguru<sup>2</sup>

<sup>1</sup>PG Scholar, Department of Organon of Medicine, Rajkot Homoeopathic Medical College, Parul University

<sup>2</sup>Associate Professor, Department of Organon of Medicine, Rajkot Homoeopathic Medical College, Parul University.

**Abstract**—Dysmenorrhea is the most common gynecological problem among females. Primary dysmenorrhea refers to one that is not associated with any identifiable pelvic pathology. It affects more than 50% post pubescent women in the age group of 18-25 years with ovulatory cycles. A 21 years old unmarried Hindu female reported complaints of pain in the lower abdomen and back during menses along with diarrhoea, nausea and vomiting. She is generally unable to perform any work on account of intensified pain during menses. Abdominal and pelvic examination did not reveal any abnormal findings and WaLidd Scale was used for assessment of pain. A complete case history was taken and Pulsatilla 200 was prescribed on the basis of individualization and analyzing susceptibility of the patient.

**Keywords:** Primary Dysmenorrhoea, Centesimal potency, Homoeopathy.

## I. INTRODUCTION

Primary dysmenorrhea (PD)—defined as spasmodic and painful cramps in the lower abdomen that begin shortly before or at the onset of menses in the absence of any pelvic pathology—is one of the most common complaints in both young and adult females. Dysmenorrhoeic pain has a clear and cyclic pattern, which is typically severe during the first day of menses and lasts up to 72 hours. Despite its high prevalence and impact on daily activities, it is often inadequately treated and even disregarded, given that many young females prefer to suffer silently, without seeking medical advice. Primary health care providers commonly encounter females with dysmenorrhoeic complaints and thus play a substantial role in diagnosing, educating, reassuring, and providing them with the therapy required for optimizing the overall treatment outcomes of Primary Dysmenorrhoea.

In the initial Practice, Dr. Hahnemann was prescribing medicines with measurements like weight and quantity of medicine, but the patients were facing

aggravation with the crude doses. So he gradually minimized the quantity of medicine and was Prescribing in smaller dose. In the 5th edition of Organon of Medicine, he has introduced the theory of drug dynamization and centesimal scale. The centesimal scale potencies were favored by Dr. Hahnemann for most of his life. Dr. Hahnemann had advocated 30CH and 200CH potencies in most of the cases.

Case:-

Name of the Patient : ABC	Date:18/10/2023
Father's name/ Husband's name:	Age: 21 Years
Religion: Hindu	Marital status: Unmarried
Family size: 05	Education: B.Sc.
Occupation: Student	Veg/ Non-veg/ eggetarian :Veg
Socio- Economic status: Middle Class	Full Address: Kuvadava Road, Rajkot.

PRESENT COMPLAINT:-

LOCATI ON & EXTENS ION	SENSATION CHARACTER AND PATHOLOGY	MODALITI ES AILMENTS FROM	CONC OMIT ANTS
Female Reprodu ctive System (3 Years)	Cramping pain++ in lower abdomen  Nausea++	<During menses  <Before and during menses, smell of food	Diarrh oea during mense s
From Lower Abdome n extends to lower back.	Vomiting Occ after nausea  Lower back pain, aching pain++	>Pressure, Massage	

**Associated Complaints:-**

Feeling of restlessness with numbness of hands, feet and coldness of whole body after each episode of vomiting.

**DIAGNOSTIC CHARACTERISTICS OF PRIMARY DYSMENORRHOEA**

**LOCATIONS OF PAIN:-** Lower abdomen, lower back

**INTENSITY OF PAIN:-** Severe pain due to which she can't do her day to day work even.

**NO. OF DAYS THE PAIN REMAINS:-** 4-5 days

**WORKING ABILITY:-** Not able to do anything.

**ASSOCIATED COMPLAINTS:**

**PAST HISTORY:** Not Specific.

**FAMILY HISTORY:** Mother - Hypertension

**PATIENT AS A PERSON:**

Appetite	No desire to take food
Craving	Sour
Aversion	Butter
Intolerance	Fatty food
Thirst	1 Lit/day or less than that
Stool	Watery stool during menses.
Thermals	Chilly, likes open air
Menstruation	Menarche at 16 years of age. LMP-28/10/2023 At every cycle menses appears at 28-30 days, flow remains upto 4-5 days. Menses dark, clotted with chilliness and nausea. Pain in the lower abdomen with nausea and diarrhoea during menses.
Leucorrhoea	White, acrid leucorrhoea

**MENTALS/LIFE SPACE INVESTIGATION:**

When in angr, Cries. Weeping disposition. Crying at trifles.

Sadness occ. without any reason.

Emotional, gets attached easily. Sensitive.

Fear in evening, to be alone, dark.

Timid, shy, lack of confidence.

Anticipatory anxiety during test or presentation.

Lack of self confidence, confused.

Indecisive.

Mild, gentle.

Usually well behaved with everyone, yielding.

Timid, shy.

**PHYSICAL EXAMINATION: GENERAL:**

Temp :- 98.5 F

Pulse :- 74/Min

BP :- 110/76 mmHg

Respiratory Rate :-19/Min

Anaemia :- NAD

Odema :- NAD

Lymphadenopathy :- NAD

**SYSTEMIC EXAMINATION: NAD**

**TOTALITY OF SYMPTOMS:**

Sensitive++

When in anger, Cries+++ . Weeping disposition+++.

Crying at trifles.

Fear in the evening+, to be alone++, dark+.

Anticipatory anxiety++ during test or presentation.

Lack of confidence+++.

Indecisive++.

Timid++.

Mild++, gentle, Yielding++.

Craving for sour food.+

Aversion for Butter+++.

Disagree fatty food.++

Thirstless.++

Cramping pain in lower abdomen++++, with aching lower back pain++<During menses, >Pressure, Massage

Nausea and vomiting ++<before and during menses, smell of food

Menses late, dark, clotted with chilliness++ and diarrhoea++.

White, acrid leucorrhoea.+

**Repertorisation :-**



MIASMATIC DIAGNOSIS: Psora - Sycotic

PRESCRIPTION

Rx, Pulsatilla 200 3 PHS, SL 4 pills TDS for 1 month.

WALIDD CORE: scoring for Pain at each assessment point

SCORE: (i) 0 :- No Dysmenorrhoea

WALIDD SCORE : scoring for Pain at each assessment point				
Working Ability	Location	Intensity	Days of Pain	
0 : None	0 : None	0 : Does not hurt	0 : 0	
1 : Almost Never	1 : 1 site	1 : Hurts a little bit	1 : 1-2	
2 : Almost Always	2 : 2-3 sites	2 : Hurts even more	2 : 3-4	✓
3 : Always	3 : 4 sites	3 : Hurts worst	3 : More than 5	✓

(ii) 1-4 :- Mild Dysmenorrhoea

(iii) 5-7 :- Moderate Dysmenorrhoea

(iv) 8-12 or above :- Severe

Score of the patient :- 8, so severe dysmenorrhoea.

FOLLOW UP SHEET

PRE-SCORE (FIRST VISIT):- 08

POST-SCORE (LAST VISIT):- 01

DATE	SYMPTOMS	PRESCRIPTION
5/1/2024	The menstrual period started on 28/12/23. There was discomfort at lower abdomen before start of menses that lasted for 5-6 hours. The patient vomited once till next morning. She could take small amount food in dinner. Thirst improved. There was nausea but no vomiting next day. Diarrhoea remained 3 to 4 hours after start of menses. Timidity improved. Anxiety improved.	Rx, Pulsatilla 200 1 PHS SL 4 pills TDS for 1 month.

	Confidence improved.	
7/2/2024	The menstrual period started on 26/01/2024. There was mild discomfort at lower abdomen before start of menses that lasted within 2-3 hours. There was nausea but no vomiting. There was no nausea or vomiting next day. No diarrhoea. No backache. No other complaints. She is confident now for any presentation. No anxiety. Weeping occ.	Rx, SL 4 pills TDS for 1 month.
8/3/2024	Menses started on 24/02/2024. There was mild discomfort at lower abdomen before start of menses. There was nausea but no vomiting on the first and second day of menses. No backache. All other symptoms were better.	Rx, SL 4 pills TDS for 1 month.
10/4/2024	Menses started on 27/03/2024. There was mild discomfort at lower abdomen before start of menses. There was no nausea or vomiting. Patient ate well during menses. All symptoms were better.	Rx, SL 4 pills TDS for 1 month.