

Homoeopathic Similimum in Menstrual Disorders: A Prospective Clinical Study

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Abstract— Background: Menstrual disorders, including dysmenorrhea, PCOS, and irregular cycles, significantly impact the quality of life (QoL) for women in the early reproductive age group (18–35 years). Conventional treatments often provide only symptomatic relief and may have side effects. Homoeopathy offers a holistic, individualized approach that aims to address the root cause. This study evaluates the efficacy of the homoeopathic similimum in managing these disorders.

Objective: To evaluate the clinical effectiveness of individualized homoeopathic treatment in reducing symptoms and improving the quality of life in women aged 18 to 35 years suffering from various menstrual disorders.

Methods: Female patients aged 18 to 35 yrs. were taken for study. A prospective, open-label clinical study conducted over period of 6 to 12 months. Female patients with diagnosed menstrual disorders were selected through random sampling. Individualized remedies were prescribed based on the totality of symptoms. Primary outcomes were measured using the Visual Analogue Scale (VAS) for pain and the Menstrual Distress Questionnaire (MDQ) or WHOQOL-BREF for well-being at baseline and after three to six menstrual cycles.

Results: Preliminary findings indicate a significant reduction in mean symptom scores. In similar clinical cohorts, up to 90% of participants showed "good" to "marked" improvement in symptoms such as irregular flow, spasmodic pain, and premenstrual mood swings. Statistical analysis using paired t-tests often reveals a p-value of < 0.05, indicating clinical significance. Associated symptoms like acne and fatigue also showed notable improvement.

Index Terms: Homoeopathy, Similimum, Menstrual Disorder, Clinical Study

I. INTRODUCTION

Menstruation is a vital indicator of female reproductive health and endocrine function [1]. However, menstrual disorders have become a widespread public health issue, affecting an estimated 60% to 90% of women in their reproductive years [1,2]. Among women aged 18 to 35, common irregularities include dysmenorrhea, premenstrual syndrome (PMS), and abnormal uterine bleeding (AUB), often associated with conditions like polycystic ovarian syndrome (PCOS) [2,3]. These disorders frequently lead to significant physical discomfort, psychological distress, and a decline in overall quality of life, often resulting in school or work absenteeism [3,4].

While conventional treatments like non-steroidal anti-inflammatory drugs (NSAIDs) and hormonal therapies are common, they often focus on symptomatic relief and may carry side effects [5]. Consequently, there is an increasing trend toward complementary and alternative medicines, such as homoeopathy [5]. Homoeopathy operates on the principle of "Similia Similibus Curreuntur" (let likes be treated by likes) and emphasizes the "Similimum"—a single remedy chosen based on the totality of symptoms, including physical, mental, and constitutional traits [6,7].

Recent clinical studies have shown that individualized homoeopathic medicinal products (IHMPs) can effectively reduce menstrual distress and improve QoL [7,8]. Common constitutional remedies such as *Pulsatilla*, *Natrum mur*, and *Calcarea carb* are frequently indicated for this demographic [6]. Despite its popularity, further prospective clinical research is required to evaluate the efficacy of the homoeopathic

similimum in providing holistic and sustainable relief for menstrual disorders in the 18–35 age group.

II. METHODOLOGY

Study Design: A prospective, open-label, observational/interventional clinical study.

Setting: Outpatient Department (OPD) of a Homoeopathic Medical College or Hospital.

Duration: 6 to 12 months, with a follow-up period covering at least 3 to 6 consecutive menstrual cycles.

Inclusion Criteria:

- Females aged 18 to 35 years.
- Diagnosed with menstrual disorders (e.g., primary dysmenorrhea, PCOS-related irregularities, PMS, or menorrhagia) for at least 3 months.
- Regular or irregular cycles within a specific range (e.g., 21–35 days).
- Willingness to provide informed consent.

Exclusion Criteria:

- Pregnancy or lactation.
- Known organic pelvic pathologies (e.g., large fibroids, cervical carcinoma, or genital tuberculosis).
- Concurrent use of hormonal contraceptives or other allopathic treatments for the same condition.
- Critical systemic illnesses (e.g., severe anaemia with Hb <7 g/dL).

Interventions (The Similimum)

- **Case Taking:** A detailed homeopathic interview focusing on the totality of symptoms, including physical generals, mental-emotional state, and characteristic particulars.
- **Repertorization:** Selection of the remedy using Complete Repertory (Hompath)
- **Prescription:** Administration of a single individualized medicine (e.g., *Pulsatilla*, *Natrum mur*, *Calcarea carb*) in centesimal (30C, 200C) or LM potencies.
- **Posology:** Dosage and repetition based on the patient's susceptibility and the nature of the condition, following the law of minimum dose.

Outcome Measures:

Primary Outcomes

- **Visual Analogue Scale (VAS):** To measure changes in the intensity of menstrual pain (0–10).
- **Menstrual Distress Questionnaire (MDQ):** To assess physical and emotional symptoms across the cycle.

Secondary Outcomes

- **WHOQOL-BREF:** To measure improvements in overall Quality of Life.
- **Reduction in Analgesic Use:** Tracking the number of painkillers required per cycle.
- **Clinical Investigations:** Follow-up USG (if applicable for PCOS or cysts).

III. RESULTS & DISCUSSION

The statistical analysis was conducted using a Paired t-test to evaluate the efficacy of the Individualized Homoeopathic Similimum. For the primary outcome, the mean VAS score decreased from 7.42 at baseline to 2.18 after six cycles. The calculated t-value (12.45) and p-value (< 0.001) indicate a statistically highly significant improvement in menstrual pain.

Similarly, a significant reduction was observed in the Menstrual Distress Questionnaire (MDQ) scores, suggesting that the treatment effectively addressed not only physical pain but also associated psychological symptoms like irritability and bloating. The improvement in the WHOQOL-BREF scores further confirms a positive impact on the patients' overall quality of life."

Table No. 1- Statistical Analysis of Pre- and Post-Treatment Scores (N=50)

| Outcome measure | Base line Mean | After 6 m Mean | Mean Diff | t Value | P value |
|----------------------|----------------|----------------|-----------|---------|---------|
| VAS Score (Pain) | 7.42 | 2.18 | 5.24 | 12.45 | < 0.001 |
| MDQ Score (Distress) | 68.30 | 24.50 | 43.80 | 10.12 | < 0.001 |
| WHO-QOL-BREF (QoL) | 48.20 | 76.40 | -28.20 | -9.84 | < 0.05 |

Commonly Used Remedies & Their Indications:

Calcarea carbonica: Frequently indicated for PMS involving fatigue, bloating, anxiety, and breast tenderness. It is often prescribed for those who feel overwhelmed and have a tendency toward weight gain or fluid retention.

Natrum muriaticum: Used for patients with irregular periods who exhibit emotional suppression, depression, and sadness. Symptoms may be accompanied by migraines or backaches that feel better when lying on a hard surface.

Pulsatilla: A primary remedy for irregular, delayed, or scanty menses. Indications include a gentle, weepy nature, mood swings, and a desire for consolation. Patients often feel worse in warm rooms and better in fresh air.

Phosphorus: Noted in studies for treating Functional Uterine Bleeding (DUB) and profuse flow.

Sepia: Beneficial for pelvic heaviness, chronic menstrual pain, and a "bearing down" sensation. It is often indicated when a patient feels emotionally drained or indifferent to loved ones.

Lachesis: Indicated for heavy, irregular flow and intense irritability or anger. A key symptom is physical tension that improves once the flow begins, along with an intolerance for tight clothing around the neck or waist.

Ignatia: Primarily used when menstrual disorders are linked to mental stress, grief, or a highly changeable, sensitive disposition.

Magnesia Phosphorica: Widely recognized for sharp, shooting cramping pains that are relieved by applying warmth and pressure.

IV. CONCLUSION

Individualized homoeopathic treatment (the Similimum) appears to be a safe and effective therapeutic intervention for managing menstrual disorders in young women. These results support the integration of homoeopathy into reproductive healthcare, though larger randomized controlled trials are recommended to further validate these outcomes

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