

Holistic Management of Primary Dysmenorrhoea with Jonosia Asoka: A Pilot Investigation

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Abstract—Background: Primary dysmenorrhoea is defined as painful menstruation without underlying pelvic pathology. It is one of the most common gynecological complaints among adolescent girls, with a global prevalence ranging from 45%–95%, and 70%–90% specifically in adolescents [1,2]. The condition significantly affects physical comfort, emotional well-being, academic performance, and overall quality of life. Conventional treatment such as non-steroidal anti-inflammatory drugs (NSAIDs) and oral contraceptive pills provides symptomatic relief but prolonged use may cause adverse effects including gastric irritation and hormonal imbalance [3,4].

Aim: To evaluate the effectiveness of Jonosia Asoka in cases of primary dysmenorrhoea using the WaLIDD score.

Methods: A prospective experimental pilot study was conducted at Rajkot Homoeopathic Medical College Hospital. Fourteen nulliparous girls (up to 19 years of age) diagnosed with primary dysmenorrhoea were selected through random sampling. Baseline and post-treatment severity were assessed using the WaLIDD score.

Results: Out of 14 patients, 71.4% showed marked improvement, 21.4% moderate improvement, and 7.1% minimal improvement. Significant reduction was observed in pain intensity, duration, and functional disability.

Conclusion: Jonosia Asoka appears to be a safe and effective homoeopathic remedy in the management of primary dysmenorrhoea. Larger controlled studies are recommended.

I. INTRODUCTION

Primary dysmenorrhoea refers to painful menstruation occurring in the absence of identifiable pelvic pathology [3]. It is highly prevalent among adolescent

girls and young nulliparous women, with reported prevalence between 45%–95% worldwide [1,2].

The pathophysiology is mainly attributed to increased production of endometrial prostaglandins, particularly PGF₂ α , leading to uterine hypercontractility and ischemia [1]. Clinically, patients present with cramping lower abdominal pain, backache, nausea, vomiting, fatigue, and reduced working ability [4].

Dysmenorrhoea significantly interferes with academic attendance, daily functioning, and psychological stability [2]. NSAIDs and oral contraceptives remain first-line treatments; however, long-term use may produce undesirable side effects [3,4].

Homoeopathy offers a holistic and individualized approach based on symptom similarity and totality [10]. Jonosia Asoka (*Saraca indica*) is known for its marked action on the female reproductive system and is traditionally indicated in menstrual disorders, particularly painful menstruation [7,8]. Its uterine tonic and analgesic properties make it a suitable remedy for primary dysmenorrhoea.

II. AIM

To understand the effectiveness of Jonosia Asoka in cases of primary dysmenorrhoea using the WaLIDD score.

III. OBJECTIVES

1. To improve the quality of life of girls suffering from primary dysmenorrhoea.
2. To clinically verify the symptomatology of primary dysmenorrhoea in adolescents.

- To assess the clinical utility of the WaLIDD score as an evaluative tool.

IV. MATERIALS AND METHODS

Study Design

Prospective experimental pilot study.

Study Setting

Rajkot Homoeopathic Medical College Hospital.

Study Duration and Sample Selection

During the study period, 30 patients presented with complaints of menstrual pain. Fourteen patients fulfilling the inclusion criteria were selected using random sampling.

Sample Size

14 cases.

V. INCLUSION CRITERIA

- Nulliparous girls
- Age from menarche up to 19 years
- Regular menstrual cycles
- No pelvic pathology

VI. EXCLUSION CRITERIA

- Presence of pelvic pathology
- Age above 19 years
- Patients undergoing other treatment
- Irregular menstrual cycles

VII. ASSESSMENT SCALE

The WaLIDD score was used as a standardized assessment tool [6].

WaLIDD stands for:

- W – Working ability
- L – Location of pain
- I – Intensity of pain
- D – Days (duration) of pain

It provides objective assessment of severity and functional impairment.

VIII. METHODOLOGY

Detailed case taking was conducted for each patient according to homoeopathic principles [10]. Baseline WaLIDD scores were recorded before treatment initiation.

Jonosia Asoka was prescribed based on symptom similarity and totality [7,8]. Follow-up assessments were conducted, and post-treatment WaLIDD scores were recorded.

Improvement was categorized as:

- Marked Improvement
- Moderate Improvement
- Minimal Improvement

IX. RESULTS

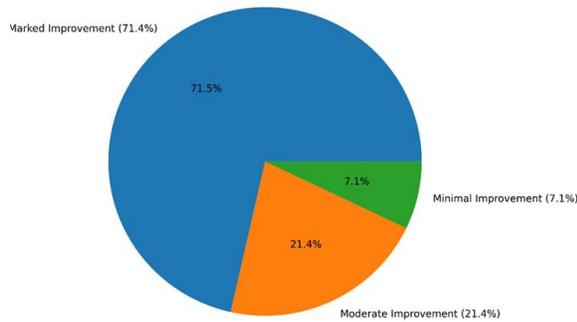
Case-wise Outcome

Patient No.	WaLIDD Score (Before)	WaLIDD Score (After)	Improvement
1	9	2	Marked
2	8	2	Marked
3	10	3	Marked
4	9	2	Marked
5	8	2	Marked
6	10	4	Marked
7	9	3	Marked
8	8	2	Marked
9	9	2	Marked
10	10	3	Marked
11	9	5	Moderate
12	8	4	Moderate
13	9	5	Moderate
14	9	7	Minimal

X. STATISTICAL DISTRIBUTION

- 71.4% (10 patients) – Marked Improvement
- 21.4% (3 patients) – Moderate Improvement
- 7.1% (1 patient) – Minimal Improvement

Distribution of Clinical Improvement in Primary Dysmenorrhoea Cases



Significant reduction was observed in:

- Pain intensity
- Duration of pain
- Functional disability
- Impact on daily activities

XI. DISCUSSION

The findings of this pilot study indicate a positive clinical response to Jonosia Asoka in managing primary dysmenorrhoea.

Primary dysmenorrhoea is largely mediated by prostaglandin-induced uterine contractions [1]. Conventional management focuses on prostaglandin inhibition via NSAIDs [3]. However, long-term pharmacological therapy may cause adverse effects [4].

Homoeopathy emphasizes individualized prescribing and holistic management [10]. Jonosia Asoka, known for its specific affinity for female reproductive organs, demonstrated significant reduction in WaLIDD scores in the majority of patients [7,8].

The improvement observed in working ability and reduction in pain duration suggests enhancement in quality of life. Being a pilot study with small sample size, larger randomized controlled trials are recommended.

XII. CONCLUSION

Jonosia Asoka appears to be a safe and effective homoeopathic remedy for the management of primary dysmenorrhoea in adolescent girls. It significantly reduces pain intensity, duration, and functional disability.

Further large-scale, randomized controlled studies are required to validate these findings.

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