

Rediscovering Comfort: *Jonosia Asoka* as A Key to Menstrual Wellness

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Abstract—Primary dysmenorrhoea refers to painful menstruation occurring in the absence of any identifiable pelvic pathology and is commonly seen in adolescent girls and young women. The pain results from excessive uterine contractions caused by elevated levels of prostaglandins, which lead to uterine ischemia and cramping. The discomfort is typically constricting in nature, located in the lower abdomen, and may radiate to the back and thighs. It is often accompanied by associated symptoms such as nausea, vomiting, headache, and fatigue.

In conventional medicine, management mainly includes the use of analgesics, non-steroidal anti-inflammatory drugs, and oral contraceptive pills, which may produce adverse effects with prolonged use. In contrast, homeopathy offers a holistic approach to menstrual disorders, including primary dysmenorrhoea. Traditionally, the leaves and bark of the Ashoka tree were used to relieve menstrual pain, and the homeopathic preparation of *Jonosia Asoka* has been found beneficial in addressing both the physical and emotional symptoms associated with this condition.

Index Terms—Primary Dysmenorrhoea, *Jonosia Asoka*, Homoeopathic Treatment, Menstrual Pain Relief, Uterine Hyperactivity, Prostaglandin Theory

I. INTRODUCTION:

The life of a woman progresses through various stages including infancy, puberty, reproductive age, climacteric, and post-climacteric period. Puberty is a crucial developmental phase marked by hormonal, physical, and psychological changes. Menarche, the onset of the first menstrual cycle, usually occurs between 10–16 years, with an average age of around 12 years. Its timing is influenced by genetics, nutrition,

socioeconomic status, general health, and lifestyle factors.

Although menarche is a sign of normal reproductive development and maturation of the hypothalamic-pituitary-ovarian axis, many adolescent girls experience significant menstrual pain. Primary dysmenorrhoea refers to painful menstruation without any identifiable pelvic pathology and is one of the most common causes of pelvic pain in young females. Its global prevalence ranges from 45% to 95%, with severe pain reported more frequently in adolescents. Primary dysmenorrhoea is not only a physical disorder but also a psychosocial concern. Cultural beliefs, hesitation in communication, and emotional vulnerability further complicate the condition in young girls.

According to the World Health Organization, health is defined as a state of complete physical, mental, and social well-being. Homoeopathy, being a holistic system of medicine, focuses on the individual as a whole rather than only the disease.

Jonosia Asoka (*Saraca indica*), a plant of significant importance in Indian tradition and described in classical literature, has long been used empirically for uterine and menstrual disorders. As mentioned in the Homoeopathic Pharmacopoeia of India, it acts prominently on the female reproductive system and is considered a uterine tonic.

Despite its known indications in primary dysmenorrhoea, its clinical application remains limited. Therefore, this study was undertaken to evaluate the role of *Jonosia Asoka* in managing primary dysmenorrhoea and to explore its potential benefit for adolescent females.

II. MENSTRUATION:

This refers to the regular, cyclical shedding of the endometrium that occurs in most women of reproductive age. Fragments of the endometrial lining, along with a certain amount of blood, are expelled through the cervical canal and vagina.

The menstruation lasts for 2-8 days and the amount of blood loss is 5-80 ml. average loss is 70 ml. ⁽⁴⁾

MENSTRUAL CYCLE:

This is cyclical activity of the endometrium during the initial 2-8 days of which menstruation takes place. The cycle usually lasts for 28 days. Occasionally the cycle may be of 21-35 days. ⁽⁴⁾

III. DYSMENORRHOEA:

Dysmenorrhoea literally means painful menstruation, but a more realistic and practical definition includes cases of painful menstruation of sufficient magnitude so as to incapacitates her in day-to-day activities. ⁽⁵⁾⁽⁶⁾

TYPES OF DYSMENORRHOEA:

1. **PRIMARY DYSMENORRHOEA:** Primary dysmenorrhoea is defined as a spasmodic and painful cramps in the lower abdomen that begins shortly before or at the onset of the menses in the absence of any pelvic pathology. ⁽⁵⁾⁽⁶⁾
2. **SECONDARY DYSMENORRHOEA:** secondary dysmenorrhoea means painful menses due to pelvic pathology or a recognized medical condition. ⁽⁵⁾⁽⁶⁾

PRIMARY DYSMENORRHOEA

Primary dysmenorrhoea is defined as a spasmodic and painful cramps in the lower abdomen that begins shortly before or at the onset of the menses in the absence of any pelvic pathology. ⁽⁵⁾

It primarily begins during the adolescence age withing 6 to 24 months of menarche.

Dysmenorrhic pain has a clear and cyclic pattern which is typically severe during the first day of menses and lasts up to 72 hours.

CAUSE:

➤ Uterine myometrial hyperactivity:

These has been noted in various cases with primary dysmenorrhoea.

The outer myometrial and sub endometrial myometrium are found to be different structurally and functionally. We can see the hyperactivity of the muscles. ⁽⁵⁾

➤ Role of prostaglandin:

In ovulatory cycle under the action of progesterone; prostaglandin is synthesized from secretory endometrium.

PGF2 alpha is a strong vasoconstrictor and causes ischaemia and pain.

Either due to increase prostaglandin production or increased sensitivity to normal production of prostaglandin and there is increased myometrial contraction. ⁽⁵⁾

➤ Prostaglandin theory:

This is the most widely accepted theory suggested by Pickles in in1960s. He extracted the smooth muscle stimulant from menstrual fluid, which was identified as a mixture of prostaglandins. Prostaglandins are derived from arachidonic acid. Prostaglandin mainly responsible for dysmenorrhea. Both PGE2 and PGF2 α are present in high quantities in menstrual flow. ⁽⁵⁾⁽⁶⁾

➤ Role of vasopressin:

Elevation of vasopressin level during menstruation; this explains persistent pain in cases even treated with anti-prostaglandin drugs. ⁽⁵⁾

➤ Endothelin:

Endothelin triggers contraction of smooth muscles especially in the endomyometrial junction zone. Endothelins in the endometrium can induce PGF2 alpha.

Local myometrial ischaemia caused by endothelins and PGF2 alpha exaggerates uterine dysperistalsis and hyperactivity. ⁽⁵⁾

➤ Imbalance in autonomic nervous control of uterine muscles:

There is overactivity of the sympathetic nerves and hyper tonicity of the circular fibres of the isthmus and internal os.

The relief of pain following dilation of the cervix or following delivery may be described by the damage of the adrenergic neurons which fails to restore. ⁽⁵⁾

➤ Platelet activating factor:

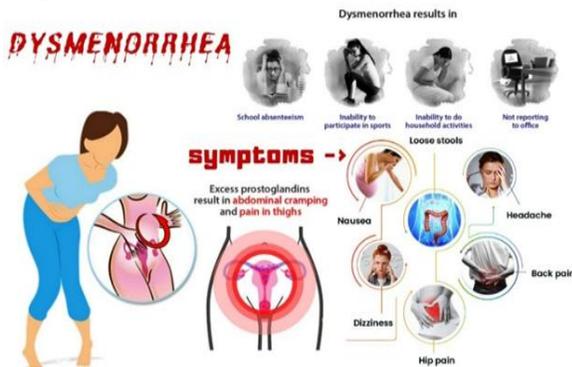
It is also linked to the aetiology of primary dysmenorrhoea as its levels are found to be elevated. Leukotrienes and PAF causes vasoconstriction and arouse myometrial contractions. ⁽⁵⁾

CLINICAL DIFFERENTIATING FEATURES B/W PRIMARY AND SECONDARY DYSMENORRHOEA:

PRIMARY	SECONDARY
➤ No recognizable pelvic pathology	➤ Secondary to pelvic pathology
➤ Mostly in adolescents	➤ Elderly or parous women
➤ Confined to ovulatory cycles	➤ Intermenstrual period not completely free of pain
➤ Starts with the onset or just before menses.	➤ Pain starts 7-10 days before the onset of menstruation
	➤ No systemic discomfort

CLINICAL FEATURES:

- The pain starts a few hours before or when menstruation is about to appear. ⁽⁵⁾
- The intensity of pain usually last for couple of hours or it may persist for 24 to 48 hours. ⁽⁵⁾
- Pain is spasmodic and limited to lower abdomen; may pass around back and middle section of thigh. ⁽⁵⁾⁽⁶⁾
- Systemic uneasiness like nausea, vomiting, fatigue, diarrhoea, headache may be accompanying. ⁽⁵⁾⁽⁶⁾
- Abdominal and pelvic examination does not disclose any abnormal findings. ⁽⁵⁾⁽⁶⁾
- No tenderness and atypical masses are felt on physical examination. ⁽⁴⁾



DIFFERENTIAL DIAGNOSIS:

- Endometriosis
- Adenomyosis
- Cervical stenosis
- Pelvic adhesion
- Uterine fibroid
- Endometrial polyp
- Chronic pelvic infection
- Pelvic inflammatory disease
- Cystitis
- Ovarian cyst

IV. HOMOEOPATHIC MANAGEMENT

Asoka is tropical tree. The area of distribution is in central areas in the middle section of western ghats and western coastal zone of Indian sub-continent. The asoka is recognized for its attractive umbrage and fragrance, flowers. ⁽⁷⁾ The tree flowers in spring and its flowers are red and look very handsome. ⁽⁹⁾

Jonosia asoka is prepared from the bark of an Indian tree and was introduced to homoeopathy by DR. ND RAY of Kolkata. During his lifetime he used saraca indica widely in all sorts of troubles reflection female reproductive system and met with achievement. ⁽⁹⁾

JONOSIA ASOKA



INTRODUCTION OF PLANT:

It is an evergreen plant having helicoid, uniparous lateral branching. Leaves are broad and 9-10 inches long; flower appears in clusters; first it is seen orange coloured which gradually changes to red. ⁽⁷⁾

ASHOKA: - A means “without” and SHOKA means “sorrow or pain” so, Ashoka means free from pain. ⁽⁹⁾

FAMILY: Leguminaceae ⁽⁷⁾⁽⁹⁾⁽¹⁰⁾

COMMON NAME: saraca indica, asopalav, asoka tree. ⁽⁷⁾⁽⁹⁾⁽¹⁰⁾

AREA OF DISTRIBUTION: Himalaya, shri Lanka, Bangladesh, Malaysia. ⁽⁷⁾

CHEMICAL COMPOSITION: Acid tannin, catechin. ⁽⁷⁾⁽⁹⁾

Sphere of action:

According to homoeopathic system of medicine, it mainly acts on the female reproductive system, musculoskeletal system, respiratory troubles and GIT. Dr Ray successfully used *Jonosia asoka* in various uterine troubles.

Mind:

Good-natured, loving, prone to tears, agitated and exhausted, dislikes working, absent-minded, slow to comprehend, hysterical, impatient, content with trivial things, sleep-disturbed, insomniac, and has travel or fear-related dreams.

Hysterical people overestimate their pain.

I become tired fast and can't work for lengthy periods of time; my thoughts and ideas change.

Head:

Stupefying or congestive headache; headache better by free menstrual flow; periodical headache better by bathing; heaviness of head; vertigo. ⁽³⁾

Headache aggravated on right temple and sometimes on the left unilateral headache, reflex uterine congestive headache with short menstrual discharge relieved by free flow. Nauseated feeling, vertigo, disinclination of food or drink, periodical headache better by bathing, sweat of forehead, relieved all symptoms in open air. ⁽⁹⁾⁽⁷⁾

Eyes:

Conjunctiva become red with burning and itching; lachrymation; photophobia; styes on the upper eyelid; short sighted; tired feeling in the eyes with least exertion.

High photophobia, supraorbital pain on one or both sides, extreme light sensitivity, and eye fatigue from even the simplest activities, like reading and staring at an object. ⁽³⁾⁽⁷⁾⁽⁹⁾

Nose:

Profuse watering of the nose sneezing; soreness of the nostril; obstruction of the nose; epistaxis.

congestion of the nose, loss of smell, red nose bleeding, and nasal catarrh. ⁽³⁾⁽⁷⁾⁽⁹⁾

Ears:

Discomfort or earache sensation; difficult hearing after severe cold. ⁽³⁾⁽⁷⁾⁽⁹⁾

Face:

Pale face; interchangeably heat and red; pimple on face, redness of cheeks. ⁽³⁾⁽⁷⁾⁽⁹⁾

Mouth:

Dryness of mouth with profuse thirst; drinks large quantity of water at a time; thickly white or brown coloured tongue; inflammation of gingiva; odontalgia. ⁽³⁾⁽⁷⁾⁽⁹⁾

Appetite:

Desire for sweet, sour things, averse to milk. Want of appetite and aversion for food, craving for acids and sour things, drinks large amount of water. ⁽³⁾⁽⁷⁾⁽⁹⁾

Stomach:

Extreme nausea, sometimes with bile vomiting; pain in epigastrium; colicky pain; no craving for food only eats small amount of food. ⁽³⁾⁽⁷⁾⁽⁹⁾

Abdomen:

Eructation, flatulent colic, a hard, enlarged abdomen that gets worse in the evening, pain when pressure is applied, a foul-smelling wind, and lower abdominal soreness. ⁽⁹⁾

Stool:

Every third or fourth day, obstinate constipation causes hard, large, and difficult-to-evacuate stools; pain prior to bowel movements; anus pain; blind or bleeding piles with itching and smarting; and large, hard, mucus-covered stools. ⁽³⁾⁽⁷⁾⁽⁹⁾

Urinary organs:

Recurrent, bloody, inadequate and spontaneous urination at night; tenderness in bladder and pain in loin region. ⁽³⁾ profuse emission of watery urine. ⁽⁷⁾⁽⁹⁾

Female sexual organs:

Headache may occur as a result of suppressed menstruation. The menstrual cycle may be delayed or irregular, and the flow is often scanty, pale, watery, or

sometimes blackish and foul-smelling. In adolescent girls, amenorrhoea may be associated with headache and trembling. Hysterical tendencies with reduced appetite may also be observed. Menses may remain suppressed or irregular in pattern. There is pain in the ovarian region along with a sense of pelvic congestion before the onset of menstruation. Pain in the ovarian and sacral regions is relieved once the menstrual flow becomes established and free.

Symptoms generally improve with the commencement of a full menstrual flow. The remedy is also indicated in cases of menorrhagia and metrorrhagia. A whitish mucous vaginal discharge may appear either with delayed menses or in place of menstruation. It is useful in infantile leucorrhoea, where the young girl appears emaciated despite adequate nourishment. ⁽³⁾

Respiratory organs:

Respiration; asphyxia when walking and condition aggravated in the afternoon, evening, dry irritating cough. ⁽³⁾⁽⁹⁾

Extremities:

Back and sacrum discomfort radiating to the leg and back; limb weakness; minor joint pain; joint numbness and shifting pain. ⁽³⁾⁽⁹⁾

Sleep:

Troubled sleep, insomnia, horrible dreams, patient dreams as they are travelling. ⁽⁹⁾

CASE REPORT:

Name: xyz

Age: 16 years

Sex: female

Marital status: unmarried

Occupation: student

PRESENT COMPLAINT:

The main complaint is intense menstrual pains that extend to the thighs and lower back.

Symptom duration: three years

Level of severity: She has moderate to severe pain, which makes it difficult for her to perform daily tasks.

Concomitant Symptoms:

vomiting and nausea prior to and throughout menstruation.

overall weakness and exhaustion.

anxiety, irritation, and mood fluctuations during the menstrual cycle.

headache, with a heaviness in the head, particularly in the temples.

Secondary symptoms:

signs of an irritable gut (gas and bloating in the abdomen).

difficulty focusing and becoming distracted during the menstrual cycle.

V. HISTORY OF PRESENT ILLNESS:

At the age of 13, the patient began experiencing menstrual cramps about six months following menarche. Over the years, the discomfort gradually got worse from its initial mildness. The cramps usually start 4–6 hours before menstruation starts, peak on the first day, and last for 24–48 hours.

Lower abdominal pain that radiates to the thighs and lower back is classified as colicky and spasmodic. Emotional stress and physical exertion exacerbate the pain.

In addition to the pain, the patient feels generally exhausted and has nausea and vomiting. She describes having throbbing or congestive headaches that are related to the menstrual cycle, especially in the temporal region.

The discomfort and related symptoms have become increasingly erratic.

MENSTRUAL HISTORY:

- Cycle Length: Regular 28-day cycle.
- Duration of Menses: 4-5 days.
- Menstrual Flow: Moderate to heavy, with occasional clotting.
- Onset of Pain: Pain begins 4-6 hours before the flow starts and lasts for 48-72 hours, peaking on the first day.
- Pain Description: Cramping, colicky, with a sensation of tightness and pressure in the abdomen.
- Days of working ability hampered: 2-3 days
- Color of menses: dark brown color
- Associated Symptoms: Fatigue, nausea, vomiting, headache (temporal region), and irritability.
- Medicines taken if any: everytime she needs Tab Twagic spas and if nor relieved Tab Naxdom

PHYSICAL EXAMINATION:

- General Appearance: The patient appears fatigued and slightly pale, especially during her menstruation.
- Abdominal Examination: Tenderness over the lower abdomen with moderate discomfort on palpation. No masses or abnormalities detected.
- Gynaecological Examination: No pelvic pathology noted. No tenderness in pelvic organs noted

PAST HISTORY: Nothing significant

FAMILY HISTORY: Nothing significant

VI. TOTALITY OF SYMPTOMS

Mental Symptoms:

1. Mood:

- Depressed, tearful, and easily upset during menstruation.
- Irritable, anxious, and emotionally fragile.
- Hypersensitive to noise and external stimuli during menstruation.
- Easily frustrated and impatient.
- Feels overwhelmed by minor issues.

2. Cognition:

- Absent-mindedness.
- Difficulty concentrating and focusing during menstruation.
- Slow comprehension, sluggish thought process, and poor memory.

3. Sleep:

- Disturbed sleep, waking frequently.
- Vivid dreams of travel or distressing situations during menstruation.

4. General Anxiety:

- Fear and anxiety before the onset of her menstrual cycle.
- Worries about the intensity of the pain.
- Feels stressed and restless in anticipation of menstruation.

GENERAL SYMPTOMS:

1. Appetite:

- Craves sweets, especially chocolate, during menstruation.

- Aversion to milk and heavy foods.
- Diminished appetite during menses.

2. Thirst:

- Increased thirst, craving for large quantities of water.

3. Energy:

- Fatigued easily, especially during menstruation.
- Lethargy and lack of motivation to perform daily tasks.
- Feels drained and exhausted during and after menstruation.

4. Temperature Sensitivity:

- Alternating hot and cold sensations.
- Feels warmth on the face, with a flushed appearance during menstruation.
- Desire for fresh air.

5. Head:

- Congestive headaches, especially around the temples.
- Heaviness in the head, with occasional vertigo.
- Headaches worsen with emotional stress or mental exertion.
- Better after a free menstrual flow.

6. Bowel Symptoms:

- Bloating and gas in the abdomen.
- Constipation during menstruation.
- Occasional diarrhea with alternating bowel movements.

7. Urinary Symptoms:

- No significant complaints, except for occasional frequent urination due to abdominal pressure during menstruation.

8. Menstrual Symptoms:

- Pain begins before menstruation and peaks on the first day.
- Colicky, crampy pain in the lower abdomen, radiating to the back and thighs.
- Associated nausea, vomiting, fatigue, and headache.
- Heavy, clotty flow during the first 2 days of menstruation.

VII. ANALYSIS AND EVALUATION OF SYMPTOMS

• Mentals:

The patient's mental state is significant for irritability, anxiety, and mood swings before and during menstruation. These symptoms align well with *Jonosia asoka*, which has a proven action on the emotional state, particularly for individuals who are sensitive, tearful, and irritable. The absent-mindedness and sluggish thought processes are characteristic of the general state of the patient.

• Physical Symptoms:

The spasmodic and crampy pain in the lower abdomen that radiates to the back and thighs is a hallmark symptom for primary dysmenorrhoea and also fits with the action of *Jonosia asoka*, which addresses uterine hyperactivity. The pain is aggravated by exertion and emotional stress, which is common in such cases.

• Digestive Symptoms:

The abdominal bloating, flatulence, and constipation during menstruation suggest an imbalance in the gastrointestinal system, which can be addressed by *Jonosia asoka*, a remedy known to have an action on both the gastrointestinal and female reproductive systems.

• Headaches:

The congestive headache and heaviness in the head, aggravated by stress and relieved by menstruation, is a common symptom in dysmenorrhoea and resonates with *Jonosia asoka*, which is often indicated for headaches that correlate with menstrual disturbances.

• General Symptoms:

The increased thirst, tiredness, and desire for fresh air are symptoms that indicate a general state of exhaustion and poor vitality, which can be treated by *Jonosia asoka*.

VIII. HOMEOPATHIC PRESCRIPTION

- Medicine: *Jonosia asoka* 30C TDS for 5 days
- Follow-up: Every 4 weeks for assessment and dosage adjustment.

Follow-Up (1st Month):

Patient's Report:

- The intensity of menstrual pain decreased by 50%. Pain lasted only 48 hours (instead of 72 hours).
- The nausea, vomiting, and headache were significantly reduced.
- The patient felt more energetic and able to attend her college classes without disruption.
- Her emotional state improved, with less irritability and anxiety. She felt less overwhelmed and calmer.

Follow-Up Prescription:

- Continue with *Jonosia asoka* 30C and sac lac for the next menstrual cycle.

Follow-Up (2nd Month):

Patient's Report:

- The patient noticed near-complete relief from menstrual pain. The cramps were mild and lasted for only a few hours.
- There was no nausea, vomiting, or significant headache during menstruation.
- Her mood remained stable, and she reported feeling mentally clear and focused.
- The patient was able to manage her daily activities without any hindrance.

Follow-Up Prescription:

- Increase potency to *Jonosia asoka* 200C TDS for 5 days and sac lac for the next menstrual cycle.

Final Outcome:

After months of treatment with *Jonosia asoka*, the patient remained symptom-free, with no recurrence of dysmenorrhoea. The patient reported that both her physical and mental health had significantly improved, allowing her to lead a normal life.

IX. CONCLUSION:

In conclusion, *Jonosia Asoka* proves to be an effective homeopathic remedy for managing primary dysmenorrhoea, addressing both the physical and emotional aspects of the condition. The case study demonstrates significant relief from menstrual pain, nausea, headaches, and emotional disturbances, resulting in a marked improvement in the patient's overall well-being and quality of life. The treatment

was successful in reducing the intensity and duration of symptoms, showcasing the potential of homeopathy as a holistic and natural approach to treating menstrual disorders. This case highlights the importance of individualized care in managing dysmenorrhoea and improving patient outcomes.

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