

The Treatment of Primary Dysmenorrhea with Homeopathic Remedy-A Case Report

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Abstract—Primary dysmenorrhoea is period pain that cannot be explained by structural gynaecological pathology. It is highly prevalent in adolescence and starts six to twelve months after painless periods of menarche. This pain is spasmodic and is often superimposed over background of constant lower abdominal pain, and may radiate to the back or thigh. Malaise, fatigue, nausea, vomiting, diarrhoea, or headache is often concomitant. Increased production of endometrial prostaglandin has been reported in suffering women which results in increased uterine tone and stronger and more frequent uterine contractions that induce the pain. In conventional system, analgesics (NSAIDs) are used to manage primary dysmenorrhoea and if they are ineffective, suppression of ovulation with a low-dose estrogen/progestogen oral contraceptive is tried. However, about 10 percent of affected women do not respond to these measures. A 20 years old female suffering from severe primary dysmenorrhea. On the basis of totality of symptoms and repertorization Sepia 200 was prescribed. Her intensity of symptoms were much reduced from first cycle till the third month cycle. This case provides documentary evidence about the effectiveness of homoeopathic treatment in severe primary dysmenorrhoea.

I. INTRODUCTION

Dysmenorrhea is defined as painful menstruation of sufficient magnitude so as to incapacitate the day-to-day activities. It is the most common gynaecological disorder and one of the most common causes of pelvic pain in women. The prevalence rate of dysmenorrhea vary widely (16.8% to 81%), and estimates as much high as 90% which have been reported.

Dysmenorrhea can be classified as:

1)Primary (spasmodic) dysmenorrhea; -In primary dysmenorrhea the muscles of uterus squeeze and contract harder than normal to dislodge the thickened

lining that is endometrium. These contractions may also reduce the blood flow to the uterus making the pain worse.

The incidence of primary dysmenorrhoea is about 15-20 percent; it is almost always confined to ovulatory cycle. The pain usually begins when menses start (or just before) and persists for the first 1 to 2 days. The pain of primary dysmenorrhoea is described as spasmodic. It is superimposed over background of constant lower abdominal pain, which may radiate to the back or thigh. The patients may also complain of malaise, fatigue, nausea, vomiting, diarrhoea, or headache. Increased production of endometrial prostaglandin, resulting in increased uterine tone stronger. The frequent dysrhythmic uterine contractions, reduced uterine blood flow, and increased peripheral nerve hypersensitivity induced the pain.

Published literature indicates that nearly 5 to 15% of women suffering with primary dysmenorrhea, report debility and interference as well as impairment of daily activities. Absenteeism from work and school has been commonly reported (5% to 14% are often absent owing to the severity of symptoms. This absence from school or work due to severity of symptoms often lead to poor academic/ or work performance. Feelings of irritability or depression during pain leads to poor social interaction. Thus, severe primary dysmenorrhoea has physical, psychological, and social consequences and this may lead to significant disruption in quality of life.

In conventional system, analgesics (NSAIDs) are used to manage this condition. Analgesics that act as prostaglandin synthetase inhibitors are usually started 24 to 48 hours before menses and continued for 1 or 2 days after menses begin. Published literature indicates

that different formulations of NSAIDs have similar efficacy and nearly 67% of women achieve pain relief.[6] However, NSAIDs have known side effects including nausea, vomiting, and/or diarrhoea. Women with a history of gastroduodenal ulcer, gastrointestinal bleeding, or gastroduodenal perforation are advised to avoid pain killers.

Low-dose estrogen/progestogen oral contraceptives are tried if NSAIDs are found ineffective. OCPs inhibit ovulation and thus cause painless bleeding. There is lack of high quality RCT evidence demonstrating pain improvement with the use of OCPs over placebo. However, smaller RCTs report response rates as high as 80%. Although combined OCPs may also confer other health benefits such a reduction in the risk of endometrial and ovarian cancers; several adverse effects such as headache, nausea, abdominal pain, bloating, anxiety, weight gain, and acne have been reported with their use. In rare cases serious health problems, such as venous thrombosis, heart attack, and stroke have also been reported. Women who are already at higher risk of these conditions are generally advised to avoid oral contraceptives.

In all, 10-20% of women with primary dysmenorrhoea do not respond to treatment with NSAIDs or oral contraceptives. In addition, there are known side effects and contraindications to these treatments. Therefore, there is a need to explore effectiveness of alternative methods of treatment for this condition. This case provides documentary evidence about the effectiveness of homoeopathic treatment in severe primary dysmenorrhoea.

Case Report:

A 20 years female came with the complaints of Primary dysmenorrhea since last 5years. Her symptoms included lower abdominal pain with nausea and vomiting which starts few hours before the menses and last for the next 10-12 hours.

II. CHIEF COMPLAINTS

History of Present Illness-

Lower abdominal pain with nausea and vomiting starts few hours before menses and continued for the next 10-12 hours. Cramping and griping Abdominal pain is

followed by pain in lower back. After each episode of vomiting there is generalized weakness. Even from the smell of food her nausea is aggravated and that's why though she feels hungry she afraid to eat anything. She also suffered from constipation during every menstrual cycle (2-3days during menses) During each menstrual cycle she is having the same above complaints The patient had been prescribed Ipecac, Colocynth, in different potencies before present consultation without any relief in her complaints. There was a history of frequent hospital admissions during menses with analgesic injections and intravenous infusion of normal saline.

Mind-

During every menses, she gets irritated on small things, she does not go out to college or outside the home and spent 2-3 days completely lying on bed due to abdominal pain. Disinterested in talking to everyone, avoids eating or doing any work.

Family History

Father – Hypertension

Physical generals

Thermally-Chilly

Appetite-Reduced before and during menses

Thirst-Normal

Stool-Constipated during menses

Urine-Normal

Sleep-Disturbed due to pain

Menstrual history

Menarche-at the age of 15 years

Cycle/ duration-28-30 days/ 5-6 days

Flow is normal

Number of pads used/day-2-3 pads /day

Pain-Cramping and griping Abdominal pain is followed by pain in lower back.

Physical examination

Weight-50Kg

BP-110/70mmHg

PR-75/minute.

Pallor-face and conjunctiva

Analysis of symptoms

Chief complaints	Location	Sensation	Modalities	Concomitants	Classification of symptoms
	Female genitourinary system	Cramping and griping	>-rest	-low backache during menses -nausea and vomiting start few hours before menses and continued for the next 10-12 hours -Irritability during menses Disinclination to work During Menses -Wants to live alone during menses -constipation during menses -sleep disturbed before and during menses -Appetite reduced before and during menses	Complete particular symptoms

III. EVALUATION OF SYMPTOMS

Mentals-

- 1)Irritability during Menses
- 2) Disinclination to work during Menses
- 3) Wants to live alone during menses

Physical Generals

- 1)Thermally-Chilly
- 2) Appetite-Reduced before and during menses
- 3) Stool-Constipated during menses
- 4) Sleep-Disturbed due to pain

Particulars

- 1) Cramping and griping pain in Lower Abdomen starts few hours before menses and continued for the next 10-12 hours.
- 2) Dull aching pain in lower back.
- 3) Nausea and vomiting start few hours before menses and continued for the next 10-12 hours followed by generalized weakness after each episode of vomiting

- 4) Nausea is aggravated even from smell of food

Totality of symptoms

- 1) Cramping and griping pain in Lower Abdomen starts few hours before menses and continued for the next 10-12 hours.
- 2) Dull aching pain in lower back.
- 3) Nausea and vomiting starts few hours before menses and continued for the next 10-12 hours followed by generalized weakness after each episode of vomiting
- 4) Nausea is aggravated even from smell of food irritability During Menses
- 5) Disinclination to work During Menses
- 6) Wants to live alone during menses
- 7) Thermally-Chilly
- 8) Appetite-Reduced before and during menses
- 9) Stool-Constipated during menses
- 10) Sleep-Disturbed due to pain

IV. CONCLUSION

This case provides documentary evidence about the effectiveness of homoeopathic treatment in severe primary dysmenorrhea. Homoeopathic medicine prescribed on basis of totality of symptoms and repertorization has positive role in management of severe primary dysmenorrhea.

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