

Role of Homoeopathy in Primary Dysmenorrhoea: A Prospective Review

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Abstract—Primary dysmenorrhoea is one of the most common gynaecological complaints among adolescent girls and young women, often resulting in significant physical and emotional distress. Conventional management typically includes NSAIDs and hormonal therapy, but these may be associated with adverse effects or limited long-term relief. Homoeopathy, based on individualisation and holistic assessment, offers a therapeutic option aimed at reducing pain intensity, improving general well-being, and addressing constitutional predispositions.

This review explores the pathophysiology of primary dysmenorrhoea, the principles of homoeopathic management and frequently indicated remedies.

Index Terms—Homoeopathy, Primary dysmenorrhoea, Individualisation

I. INTRODUCTION

- The word dysmenorrhoea originates from Greek and translates to “difficult monthly flow.” It refers to painful menstruation and is classified as either primary or Secondary. ⁽¹⁾
- Dysmenorrhoea refers to cramping pain experienced during menstruation ⁽²⁾
- Dysmenorrhoea is defined not merely as painful menstruation, but as menstrual pain severe enough to limit day-to-day functioning. ⁽³⁾
- This pain is classically described as cramping and is often accompanied by low backache, nausea and vomiting, headache, or diarrhoea. ⁽⁴⁾
- Primary dysmenorrhea has no obvious underlying pathology, while secondary dysmenorrhea results from pelvic organ disease. Primary dysmenorrhea

typically affects individuals aged 17 to 22 years, whereas secondary dysmenorrhea is usually seen in older women. ⁽⁵⁾

II. TYPES OF DYSMENORRHOEA

- Primary Dysmenorrhea (spasmodic)
- Secondary Dysmenorrhea (congestive) ⁽³⁾

PRIMARY DYSMENORRHOEA:

- The primary dysmenorrhea is one where there is no identifiable pelvic pathology. ⁽³⁾

INCIDENCE:

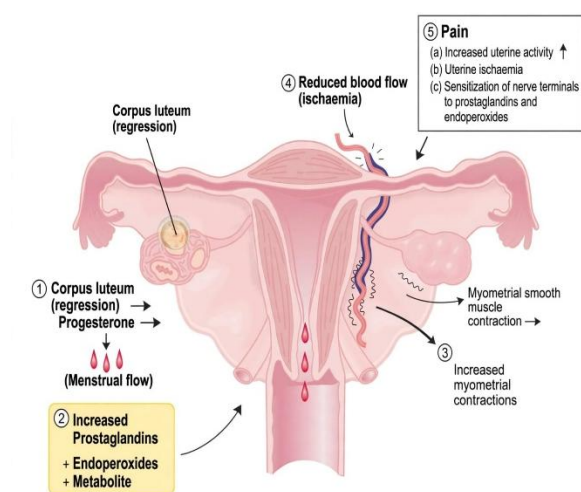
- The incidence of primary dysmenorrhea of sufficient magnitude with incapacitation is about 15-20 percent. ⁽³⁾

ETIOLOGY:

- The mechanism of initiation of uterine pain in primary dysmenorrhea is difficult to establish. But the following are too often related.
 - Mostly confined to adolescents.
 - Almost always confined to ovulatory cycles.
 - The pain is usually cured following pregnancy and vaginal delivery.
 - The pain is related to dysrhythmic uterine contractions and uterine hypoxia. ⁽³⁾
- The exact aetiology of spasmodic dysmenorrhea is unknown. But probable causative factors are as follows:
 - Psychosomatic factors

- Abnormal anatomical and functional aspect of myometrium
- Imbalance in the autonomic nervous control of uterine muscle
- Role of prostaglandins & vasopressin
- Endothelin's
- Platelet activating factor (PAF) ⁽³⁾
- Psychological ⁽⁶⁾
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III. PATHOPHYSIOLOGY



- Spasmodic pain is attributed to myometrial contractions due to increased PGF2a secreted under progesterone effect. ⁽¹⁴⁾

IV. CLINICAL FEATURES

- The pain begins a few hours before or just with the onset of menstruation.
- Pain is spasmodic and confined to lower abdomen; may radiate to the back and medial aspect of thighs.
- Systemic discomfort like nausea, vomiting, fatigue, diarrhoea, headache and tachycardia may be associated.
- It may be accompanied by vasomotor changes causing pallor, cold sweats and occasional fainting. ⁽³⁾

V. INVESTIGATION

- For detection of any pelvic abnormalities, ultrasound is very useful. ⁽³⁾

DIFFERENTIAL DIAGNOSIS –

The differential diagnosis of dysmenorrhoea is broad. It can be categorized as gynaecological conditions and non-gynaecological conditions:

- ❖ Gynaecological Conditions
 - Endometriosis
 - Obstruction of the reproductive tract: Imperforate hymen, transverse vaginal septum, vaginal agenesis, OHVIRA syndrome (uterus didelphys with obstructed hemi vagina and ipsilateral renal agenesis), and cervical stenosis
 - Functional and nonfunctional adnexal cysts
 - Adnexal torsion (this usually does not present with cyclic pain with menses)
 - Adenomyosis
 - Pelvic inflammatory disease/sexually transmitted infections
 - Endometrial polyps
 - Asherman syndrome
 - Ectopic pregnancy
 - Chronic pelvic pain ⁽⁷⁾
- ❖ Non-Gynaecological Conditions (gastrointestinal, urological and musculoskeletal)
 - Irritable bowel syndrome
 - Urinary tract infections
 - Interstitial cystitis
 - Musculoskeletal causes: abdominal wall muscles, abdominal wall fascia, pelvic and hip muscles, sacroiliac joints, and lumbosacral muscles ⁽⁷⁾

VI. INDIVIDUALIZED HOMOEOPATHIC MEDICINE

- Individualization in homoeopathy is the process of distinguishing one patient from another, even when both present with the same nosological diagnosis ⁽⁸⁾
- Hahnemann emphasized that each case must be individualized, as generals are indispensable for identifying the correct remedy. A strong general symptom may exclude one remedy and indicate another, underscoring that no remedy can be substituted without loss of specificity. A medicine that has never been recorded to produce a particular symptom may still cure, provided it bears the closest similarity to the totality of the patient's general symptoms. ⁽⁹⁾

- According to Aphorism 118, “Every medicine exhibits peculiar actions on the human frame, which are not produced in exactly the same manner by any other medicinal substance of a different kind⁽¹⁰⁾
- The remedy whose symptom picture bears the greatest resemblance to the totality of symptoms characterizing the natural disease is the most appropriate and specific remedy for that case.⁽⁹⁾

Homoeopathic management:

1. Belladonna: Indicated for sudden onset of violent, throbbing pains predominantly on the right side, with bright red, profuse menstrual bleeding. Associated features include uterine congestion, a bearing-down sensation, irritability, thirst, and aggravation from motion, light, and noise.⁽¹¹⁾
2. Colocynthis: Similar to Magnesia phosphorica, it is characterized by relief from hard pressure. However, warmth provides greater relief than pressure. The patient is typically irritable and indignant, with symptoms aggravated by anger⁽¹¹⁾
3. Cimicifuga (Actaea racemosa): Patient complains of pain in lower abdomen which usually start on the first day of menstruation. Pain persists until the flow ceases. All the mental as well as physical symptoms aggravated by menstrual flow is the important characteristic of Cimicifuga.⁽¹²⁾ The characteristics indication for this remedy in dysmenorrhea is pain flying across the pelvic region from one side to the other⁽¹³⁾
4. Magnesia phosphorica: Commonly used for dysmenorrhoea, particularly in women with dark menstrual flow. The characteristic picture is of a patient doubled up with pain, seeking relief from heat and firm pressure, such as a hot water bottle or heating pad pressed against the abdomen. Relief is also noted from hot baths and lying on the right side; cold drinks aggravate the condition.⁽¹⁴⁾
5. Sabina: Indicated in cases with severe cramping pains, passage of dark clots mixed with blood, and shooting pain extending up the vagina. The patient prefers lying flat on the back with limbs extended.⁽¹⁴⁾

6. Viburnum opulus: Used when there is sudden uterine pain preceding menstruation, backache during menses, and spasmodic dysuria, often observed in hysterical individuals.⁽¹⁴⁾

VII. CONCLUSION

Primary dysmenorrhoea is highly prevalent and represents one of the major causes of absenteeism from school and work among women. Consequently, it imposes a considerable public health burden and adversely affects quality of life. Homoeopathic treatment may contribute to improving the quality of life of women experiencing primary dysmenorrhoea and may help reduce absenteeism from educational and occupational activities. Through an individualized approach based on the patient's characteristic symptoms and constitutional features, homoeopathy aims to provide a holistic approach to the management of dysmenorrhoea.

The above-mentioned therapeutic medicines are frequently used in cases of primary dysmenorrhoea and have shown beneficial clinical responses. However, other individualized homoeopathic medicines selected according to the totality of symptoms and the individual patient's constitution may also provide significant relief in patients suffering from primary dysmenorrhoea.

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