# Individualised Homoeopathic Treatment of Premenstrual Syndrome with Pulsatilla nigricans: A Case Report

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*Abstract*—**Background: Premenstrual syndrome (PMS) brings emotional and physical symptoms in the days before a period, and for some women it disrupts work and family life. Mental symptoms hold a high rank in homoeopathic case-taking, and Pulsatilla nigricans is a well-known remedy for weepy, yielding, consolation-seeking states that resemble premenstrual distress. Well-documented cases are few.**

**Objective: To evaluate the clinical utility of individualised Pulsatilla nigricans, prescribed on the totality of symptoms, in a patient with PMS, using the Premenstrual Symptoms Screening Tool (PSST) and a Mental Symptoms Assessment Questionnaire.**

**Methods: A prospective, single-arm, non-randomised interventional case report (n = 1) with four monthly follow-ups was conducted at the outpatient department of Premswarup Swami Homoeopathy Hospital, Kalol, Gujarat. A 24-year-old school teacher had premenstrual tearfulness, changeable mood, dragging lower abdominal pain with bloating and tender breasts for 1.5 years, with thirstlessness and relief in open air. Case analysis included repertorisation using the Synthesis Repertory and reference to Materia Medica. Pulsatilla nigricans 200C was given as a single dose followed by placebo, and repeated once at the second follow-up when tearfulness and repeated thinking had improved only partially. Outcomes were assessed at baseline and at each follow-up with the PSST and a Mental Symptoms Assessment Questionnaire.**

**Results: The PSST score fell from 27 to 3 and the questionnaire score from 22 to 4. By the last visit she had only mild emotional sensitivity for one to two days before menses, with no disturbance of work or family relationships. No adverse effects were reported.**

**Conclusion: In this patient, marked improvement in PMS followed individualised Pulsatilla nigricans. The findings support the clinical utility of individualised homoeopathic prescribing in PMS and encourage further prospective studies with larger samples and longer follow-up.**

*Index Terms*—**Premenstrual syndrome; mental symptoms; Pulsatilla nigricans; PSST; individualised prescribing; Homoeopathy; case report.**

## I. INTRODUCTION

Premenstrual disorders are cyclical conditions in which physical and affective symptoms recur in the luteal phase of the menstrual cycle and resolve within a few days of the onset of menses [1]. Up to 90% of women of reproductive age experience at least one premenstrual symptom, about 30% have premenstrual syndrome (PMS) severe enough to impair daily functioning, and approximately 5% meet the criteria for premenstrual dysphoric disorder (PMDD) [1], [2]. In India, a pooled analysis of 25 studies with 8,542 participants estimated the prevalence of PMS at 43% (95% CI 35-50%) and of PMDD at 8% [3]. The burden is therefore substantial, and its cost is carried into the classroom, the workplace and the home.

The current guideline-based options are selective serotonin reuptake inhibitors, combined oral contraceptives and cognitive behavioural therapy, each of which gives moderate benefit [1]. A clinician who treats women with PMS will recognise that these options do not exhaust the need: symptom profiles differ widely from one woman to another, and a treatment that is directed at the label rather than at the individual leaves room for a more discriminating approach.

Individualisation is the foundation of homoeopathic prescribing. The remedy is selected by its similarity to

the totality of characteristic symptoms of the patient, and the mental generals are given the highest rank in the hierarchy [4], [5]. PMS, in which the affective state dominates the clinical picture and is modified by definite circumstances, is a condition in which this method can be tested directly. The clinical literature on homoeopathy in PMS, while limited, is consistent in direction. A double-blind pilot trial reported that daily premenstrual distress scores fell from 0.44 to 0.13 with individualised treatment, against 0.38 to 0.34 with placebo [6]. A later double-blind randomised trial of 105 women, using individualised prescribing by a symptom cluster approach, found active medicines superior to placebo [7]. A prospective case series of 23 women reported that treatment was well tolerated and that quality of life improved in 91.3% [8], and a randomised placebo-controlled trial of individualised medicines reported a significantly greater reduction in total SPAF scores than placebo [9].

What these studies seldom show is the individual case: how the symptoms were analysed, why one remedy was preferred to its competitors, and how the response unfolded visit by visit on a validated scale. Pulsatilla nigricans, described in the standard Materia Medica [10], [11], is a remedy of mild, yielding disposition, easy weeping, changeable mood, relief from consolation, desire for company, thirstlessness, and aggravation in warm rooms with relief in open air, a picture that closely mirrors the premenstrual emotional state of many women.

The present report was therefore undertaken to evaluate the clinical utility of individualised Pulsatilla nigricans, prescribed on the totality of symptoms, in a patient with PMS. It follows the CARE guideline [12] and its homoeopathic supplement, HOM-CASE [13], and uses the Premenstrual Symptoms Screening Tool (PSST) [14] and a Mental Symptoms Assessment Questionnaire to follow progress.

## II. MATERIALS AND METHODS

### A. Study design and setting

This was a prospective, single-arm, non-randomised interventional case report (n = 1) with four months of follow-up, reported according to the CARE guideline [12] and its homoeopathic supplement HOM-CASE [13]. The patient was treated at the outpatient department of Premswarup Swami Homoeopathy Hospital, attached to Shree Swaminarayan Homoeopathy College, Kalol, Gujarat, India, between June and October 2025.

### B. Ethical approval and consent

Institutional permission to report this case was obtained from the Institutional Ethics Committee of Shree Swaminarayan Homoeopathy College, Kalol. The committee meeting was held on 3rd February 2025 and the approval letter was issued on 10th February 2025. Written informed consent for treatment and for publication was obtained from the patient. The patient was identified by a case number only, and no personal identifiers are included in this report.

### C. Patient

A 24-year-old woman with regular menstrual cycles presented with premenstrual emotional and physical complaints of 1.5 years' duration that interfered with her work and family relationships. The diagnosis was made clinically, and premenstrual dysphoric disorder was considered as the differential diagnosis. She was not taking any other medicine, supplement or therapy during follow-up.

### D. Case-taking and prescription

Detailed case-taking was done on a standard case-record proforma, following the case-taking guidance in Hahnemann's Organon of Medicine [4]. The presenting complaints, history, menstrual and personal history, general and mental characteristics and physical examination were recorded. The symptoms were analysed as location, sensation, modality and concomitant (LSMC), and the totality of symptoms was constructed with emphasis on the mental generals and general modalities. Repertorisation was performed with the Synthesis Repertory, and the remedy was selected after reference to Materia Medica [10], [11]. Pulsatilla nigricans 200C was given orally as a single dose, followed by placebo (sac lac), four globules twice a day for one month. Potency and repetition were decided according to the response of the case.

### E. Follow-up and outcome assessment

The patient was reviewed monthly for four months. The primary outcome measure was the Premenstrual Symptoms Screening Tool (PSST) [14], a self-report tool of 19 items: 14 symptom items and five items on functional impairment. Each item is scored from 0 (not

at all) to 3 (severe), so the total ranges from 0 to 57, and a lower score means less severe symptoms. As a secondary measure, the characteristic mental symptoms were graded with a 10-item Mental Symptoms Assessment Questionnaire developed by the authors for this report, each item scored from 0 (absent) to 3 (severe), giving a total from 0 to 30. Both tools were recorded at baseline and at each follow-up visit.

F. Data analysis

Baseline and follow-up PSST and questionnaire scores are reported as absolute values at each visit, and change from baseline is expressed as percentage reduction.

## III. RESULTS

A. Patient information

A 24-year-old woman, a school teacher, presented in June 2025 with premenstrual complaints of 1.5 years' duration.

Presenting complaints

- Easy weeping from minor remarks, beginning 6-7 days before menses.
- Changeable mood with brief irritability, followed by regret.
- Dragging pain and bloating in the lower abdomen before menses.
- Fullness and tenderness of both breasts before menses.
- All complaints eased after the onset of menses.

History of present illness: The complaints began gradually 1.5 years earlier, at first two to three days before her period. For the last eight months they had started six to seven days before almost every cycle, were worst in the final two premenstrual days, and faded by the second day of flow. Ordinary remarks hurt her deeply. In front of elders she usually stayed silent, then cried later while telling her mother or sister. In Gujarati she put it this way: "When the period is about to come, even a small thing hurts me a lot." She felt lighter once someone close listened patiently and spoke gently. Her mood could swing quickly from normal conversation to silence, irritability or tears, and her anger was brief and followed by regret. She found it hard to refuse extra work from senior colleagues and then felt burdened and tearful. Before her period she asked others' opinions even on small decisions and kept wondering whether family members were displeased with her. She also had fatigue, felt uncomfortable in warm, closed rooms, and found relief in slow walks in fresh air.

Menstrual history: Menarche at 13 years. Regular cycles every 28-30 days, lasting 4-5 days, with moderate flow, dark red on the first day, occasional small clots, and mild dragging pain before and on the first day.

Past history: Enteric fever at 16 years.

Family history: Father with hypertension; mother with migraine.

Personal history: Vegetarian diet; no addictions. Affectionate and closely attached to her mother. At school and home she generally avoided direct disagreement and tried to keep relations cordial.

General characteristics: Average appetite; reduced thirst, drinking small quantities; craving for sweets; aversion to oily food. Sleep usually sound but disturbed before menses by repeated thoughts. Dreams of daily activities and family events. Moderate perspiration, mainly on the face and back. Regular stool, normal urine. Worse in warm, stuffy rooms and better in cool open air.

B. Clinical findings

She was moderately built and adequately nourished (height 158 cm, weight 58 kg; BMI 23.2 kg/m², calculated). Pallor, clubbing, jaundice and lymphadenopathy were absent. The tongue was moist and slightly coated. Pulse was 78/min and regular, blood pressure 110/70 mmHg, temperature 98.4°F and respiratory rate 16/min.

The symptoms were analysed as location, sensation, modality and concomitant (LSMC):

Table 1. LSMC analysis

| Location | Sensation | Modality | Concomitant |
|---|---|---|---|
| Mind | Easily hurt; weeping from minor remarks | Worse before menses and from criticism; better after gentle conversation | Repeated thinking about the incident |
| Mind | Mood changes with brief irritability | Worse in the evening and before menses; better | Regret after speaking harshly |

| | | | |
|---|---|---|---|
| | | after onset of flow | |
| Lower abdomen | Dull dragging pain | Worse from prolonged sitting and before menses; better from gentle walking in open air | Abdominal bloating |
| Breasts | Fullness and tenderness | Worse from pressure and before menses; better after onset of flow | None |

Mentally, she was easily moved to tears before her period and felt lighter after speaking with someone close. She wanted familiar people near her when distressed, her mood changed quickly, and she was sensitive to correction and tone of speech. Her anger was brief and followed by regret. She found it hard to refuse seniors, felt unsure about minor decisions before her period, and kept wondering whether others were upset with her.

C. Timeline

Table 2. Timeline with scores

| Time | Event | PSST (0-57) | Questionnaire (0-30) |
|---|---|---|---|
| About 18 months before presentation | Premenstrual emotional and physical symptoms begin, 2-3 days before menses | - | - |
| About 8 months before presentation | Symptoms start 6-7 days before almost every cycle | - | - |
| Baseline (June 2025) | Case taken; PSST and Mental Symptoms Assessment Questionnaire scored; Pulsatilla nigricans 200C single dose, then placebo for one month | 27 | 22 |
| Follow-up 1 (July 2025) | Symptoms start 4 days before menses; weeping, irritability and bloating reduced; placebo | 20 | 16 |
| Follow-up 2 (August 2025) | Tearfulness and repeated thinking improve only partially in the last premenstrual phase; Pulsatilla nigricans 200C repeated once, then placebo | 10 | 11 |
| Follow-up 3 (September 2025) | Marked reduction in weeping, sensitivity to remarks and indecisiveness; physical complaints mild; placebo | 5 | 7 |
| Follow-up 4 (October 2025) | Mild emotional sensitivity for 1-2 days before menses; no significant disturbance of work or family relationships; placebo | 3 | 4 |

D. Diagnostic assessment

We diagnosed premenstrual syndrome clinically. Her symptoms were limited to the days before menses, eased once the flow began, and affected her work and family relationships. No laboratory investigations were considered necessary, and premenstrual dysphoric disorder (PMDD) was the differential diagnosis. At baseline we scored severity with the PSST, a 19-item self-report tool (14 symptom items and 5 functional items, each scored 0-3) [14], and graded her mental symptoms with a 10-item Mental

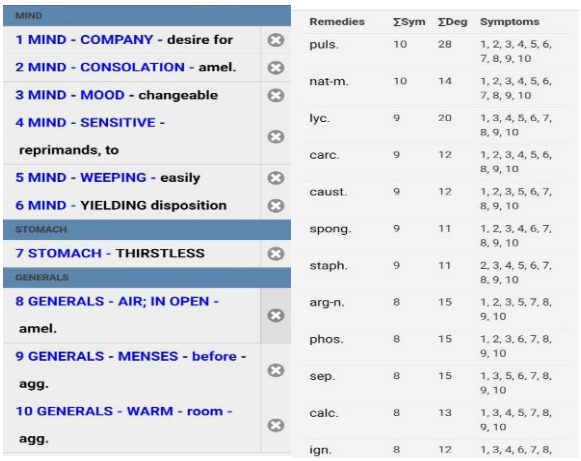
Symptoms Assessment Questionnaire (each item scored 0-3).
Miasmatic analysis: Psora.

Totality of symptoms

1. Weeping easily before menstruation.
2. Emotional distress better after gentle conversation.
3. Desire for familiar company; discomfort when alone.
4. Changeable mood.
5. Sensitive to criticism.
6. Brief irritability followed by regret.
7. Yielding disposition with difficulty refusing requests.
8. Thirstlessness.
9. Worse in a warm room; better in open air.
10. Dragging lower abdominal pain with bloating before menses, relieved after onset of flow.

Repertorisation (Synthesis Repertory, selected rubrics)

- Mind: weeping, easily
- Mind: consolation, amelioration
- Mind: company, desire for
- Mind: mood, changeable
- Mind: sensitive, reprimands to
- Mind: yielding disposition
- Stomach: thirstlessness
- Generalities: warm room, aggravates
- Generalities: open air, ameliorates
- Generalities: menses, before, aggravation




Pulsatilla nigricans covered the most characteristic rubrics, followed by Phosphorus, Ignatia amara, Sepia officinalis and Natrum muriaticum, and we chose it as the remedy.

E. Therapeutic intervention

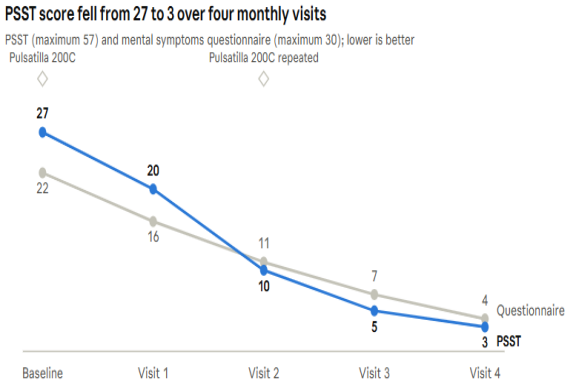
At baseline she received Pulsatilla nigricans 200C as a single dose, followed by placebo (sac lac), four globules twice a day for one month. We chose Pulsatilla because her weeping, changeable mood, relief from consolation, desire for company, thirstlessness, discomfort in warm rooms and relief in open air matched the remedy, and it led the repertorisation.

At the first, third and fourth follow-ups she was improving and received placebo only. At the second follow-up (August 2025), tearfulness and repeated thinking had improved only partially in the last premenstrual phase, so we repeated the same remedy and potency as a single dose, again followed by placebo. She took no other medicine, supplement or therapy during follow-up.

F. Follow-up and outcomes

The PSST fell from 27 at baseline to 3 at the fourth follow-up (89% lower), and the mental symptoms questionnaire from 22 to 4 (82% lower).

Figure 1. PSST and questionnaire scores at each visit




Both scores fell at every visit. Visit-by-visit findings are in the Timeline. At the last visit she had mild emotional sensitivity for one to two days before menses and no significant disturbance in work or family relationships. No adverse effects or aggravation were reported.

## IV. DISCUSSION

The principal finding is a sustained, stepwise fall in premenstrual symptom burden. The PSST score fell

from 27 of a possible 57 at baseline, when her work and family relationships were affected, to 3 at the fourth follow-up (89% reduction), and the mental symptoms questionnaire fell from 22 to 4 (82% reduction). Both scores declined at every visit, the physical complaints (bloating, lower abdominal pain and breast tenderness) improved along with the mental ones, and at the last visit only mild emotional sensitivity remained for one to two days before menses, with no disturbance of daily functioning. No adverse effects were reported.

The prescription was derived from the totality of symptoms, with the mental generals given the highest rank [4], [5]: easy weeping from minor remarks, a changeable mood, amelioration from gentle consolation, desire for familiar company, a yielding disposition, thirstlessness, and amelioration in open air with aggravation in a warm closed room. Differentiation from the competing medicines turned on these particulars. Natrum muriaticum also weeps before menses, but it typically grieves in silence and is aggravated by consolation [10], [11], whereas this patient was relieved by it. Sepia is marked by indifference towards family and loved ones [10], [11], while she was anxious about their displeasure and wanted them near. Phosphorus and Ignatia amara ranked below Pulsatilla nigricans on repertorisation and lacked its combination of thirstlessness, relief in open air and relief from consolation.

The single repetition at the second follow-up followed the Hahnemannian principle that a dose is not repeated while improvement is progressing, and is repeated when improvement halts and the picture still calls for the same remedy [4]. Tearfulness and repeated thinking had improved only partially in the last premenstrual phase; after the repetition, both scores fell further.

The response is in line with published work. In a pilot double-blind trial, mean daily distress scores fell from 0.44 to 0.13 in the group on individualised treatment, against 0.38 to 0.34 in the placebo group [6], and the larger trial that followed it, in 105 women, found individualised medicines superior to placebo and associated with fewer sick days and less use of other medication [7]. A French prospective series of 23 women recorded a positive effect on PMS symptoms and a significant improvement in quality of life [8], and an Indian double-blind randomised trial of individualised medicines reported a significantly greater fall in total SPAF scores than placebo [9]. The direction and size of change in this case are consistent with these reports.

The strength of this report lies in the documentation of the whole chain of reasoning, from LSMC analysis through repertorisation to the differentiation of the remedy, and in the measurement of outcome at fixed monthly intervals with a published screening tool [14] and a symptom-specific questionnaire, with no concomitant treatment. In a patient whose complaints had lengthened from two or three days to six or seven days before menses over eighteen months, a sequential decline that begins with the first prescription and continues through every visit is a clinically meaningful observation.

Learning point: In PMS dominated by tearfulness, mood swings and a need for gentle reassurance, careful whole-person case-taking with repertorisation gave a clear remedy choice and a measurable response. A larger prospective series could test this.

## V. LIMITATIONS OF THE STUDY

This report documents one well-characterised patient with prospective monthly follow-up, and it gives a clear picture of how the response unfolded. As a single-patient, descriptive design, it provides a sound base for controlled studies. Outcomes were recorded at monthly visits with the PSST and with a questionnaire developed by the authors for this report, which is now ready for formal validation. The score fell at every one of the four visits, and longer follow-up in future series will show how long the benefit lasts. A control group, daily symptom diaries and a causality assessment such as the Modified Naranjo Criteria for Homeopathy (MONARCH) [15] can be built into the next studies to extend these findings.

## VI. CONCLUSION

In this patient, individualised Pulsatilla nigricans prescribed on the totality of symptoms was followed by a steady, clinically meaningful improvement in premenstrual syndrome over four months, with the PSST falling from 27 to 3 and the mental symptoms questionnaire from 22 to 4, and no adverse effects. These findings support the clinical utility of individualised homoeopathic prescribing in PMS and

encourage further prospective studies with larger samples and longer follow-up.

ACKNOWLEDGEMENT

The authors thank the patient for allowing her case to be reported, and the staff of Premswarup Swami Homoeopathy Hospital, Kalol, for their cooperation and assistance.

ETHICS, CONSENT AND DECLARATIONS

- Ethics and permission: The study was approved by the Institutional Ethics Committee of Shree Swaminarayan Homoeopathy College, Kalol; approval letter dated 10 February 2025.
- Informed consent: Written informed consent was obtained from the patient.
- Conflicts of interest: the authors declare no conflict of interest.
- Funding: no funding was received for this work.

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