

## To study the effectiveness of Homeopathic medicine *Melissa Officinalis* 200CH versus Homeopathic *simillimum* in case of premenstrual syndrome(PMS) in females of age group 15-45years – A Randomized controlled trial

Author by- Dr. Swanand Shukla, Dr. Sharmila Roy , Dr. Gitanjalee Pawar, Dr. Ajay Valke, Sneha P., Roshni K., Sonali A.

### **Abstract**

#### **Background**

There have been many researches on *Melissa Officinalis* as an herbal medicine and have exceptional results, but there has been no proper research in homeopathy about its utility in PMS. We want to do this research to find in detail the utility of homeopathic medicine *Melissa Officinalis* in cases of PMS.

#### **Objective:**

1. Primary objective is to study the effectiveness of homeopathic medicine *Melissa Officinalis* 200 CH versus homeopathic *simillimum* in cases of premenstrual syndrome in females of age group 15-45 years.
2. Secondary objective is to assess the reduction in the intensity of PMS by using questionnaire.

#### **Method**

This study was randomized controlled trail. After identification of participants with PMS through the PMS questionnaire, they were assigned to *Melissa Officinalis* (n=23) and homeopathic *simillimum* (n=22) groups.

#### **Result**

A significant difference was observed in efficacy of *Melissa Officinalis* and homeopathic *simillimum* incases of PMS. In this study, *Melissa Officinalis* was found to be effective in reliving symptoms ofPMS.

#### **Conclusion**

*Melissa Officinalis* is more effective than homeopathic *simillimum* in cases of premenstrual syndrome in females of age group 15-45years.

**Keywords:** Premenstrual Syndrome, *Melissa Officinalis*, Premenstrual syndrome questionnaire.

### **INTRODUCTION**

Premenstrual syndrome (PMS) is characterized by a wide variety of emotional and physical symptomsand behavioral changes which occurs before the menstruation phase of menstrual cycle and subsidingafter the beginning of the menstrual period.It is classified as a physical disease in 10th revision list ofinternationalclassificationofdisease(ICD).Hormonalvalues,neurotransmitters,diet,stressandlifestyle have been implicated although underlying mechanism is not clear. Known risk factors for PMSare hormonal imbalance, thyroid dysfunction, hypoglycemia, fluid retention, genetic factors, stress andpsychological factors. Symptoms widely associatedwith PMSinclude physical symptoms suchasbloating, breast swelling and tenderness, headache, weight gain, nausea and sweating, and psychologicalsymptomssuchas restlessness,irritabilityandanger.<sup>[1]</sup>

According to the study conducted in year 2021, by Abhijit Dutta and Avinash Sharma, the research conducted in India in which 8542 participants were included.The pooled prevalence of PMS and PMDD were 43% (95%CI:0.35-0.50) and 8%(95%CI:0.60-0.10) respectively. The estimated prevalence of PMS in adolescence was higher and account to be 49.6% (95%CI: 0.40-0.59). The

Heterogeneity for all the estimates was very high and could be explained through several factors involved within and between studies.

A further subgroup analysis was carried out in terms of prevalence from individual State/UT, and quality of the included studies. We found studies from 10 States /UTs of India reporting prevalence of PMS, of these, a very small number of studies were conducted at the community level. Studies from Delhi showed the highest prevalence of PMS [64.4% (95% CI: 58.9-69.7, I<sup>2</sup>=0%)], whereas Kerala showed the lowest [(15.3% (95% CI: 6.9-25.3)]. The estimated prevalence of PMDD was maximum at Pondicherry, at 65.7% (95% CI: 0.60-0.71) and minimum for Chandigarh, 4.8% (95% CI: 0.03-0.07). Notably, both the estimates for PMDD were based on the single studies. However, prevalence estimate of PMDD for Tamil Nadu based on two studies, was most robust in our study, at 3.8% (95% CI: 0.03-0.05) with heterogeneity, I<sup>2</sup>=0%.<sup>[2]</sup>

Melissa Officinalis is commonly known as lemon balm or sweet balm. Tincture is prepared from fresh leaves picked just before flowering. In Robin Murphy's Lotus Materia Medica it is given that this medicine is used in condition such as cold, depression, headaches, herpes, indigestion, influenza, insomnia, nerves. Avicenna recommended Melissa as a heart tonic, to make the heart merry and to lift the spirit. The volatile oil has a sedative effect in small doses that is soothing to nerves.

### **Objectives**

- 1) To study the effectiveness of homeopathic medicine Melissa Officinalis 200CH versus Homeopathic similimum in case of premenstrual syndrome (PMS) in females of age group 15-45 years.
- 2) To assess the reduction in the intensity of premenstrual syndrome by using questionnaire.

### **Materials and methods**

This was a randomized controlled trial. This study was conducted for 6 month at M(N)HMC OPD and Jalalpur gaon on 45 females between age 15-45 years, with regular menstrual cycle and experience of PMS symptoms (According to the current diagnostic criteria proposed by the American College of Obstetrics and Gynecology). The exclusion criteria were as follow: Female below 15 years age group and female more than 45 years of age group; female suffering from any severe disease such as cancer, hypertension, and diabetes. Written informed consent was received from all the volunteers prior to enrolment in the study, after providing the detailed information about the trial.

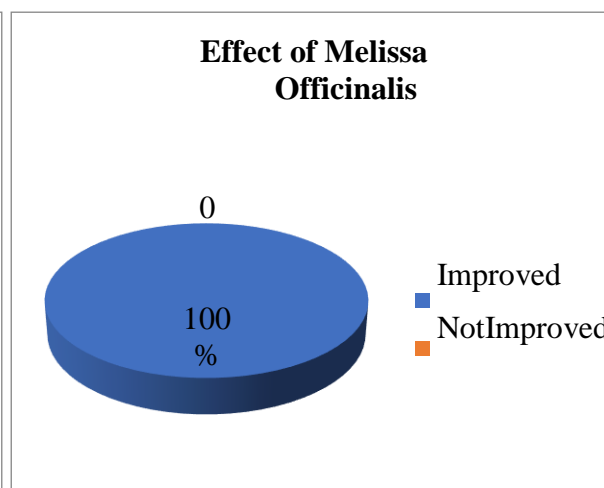
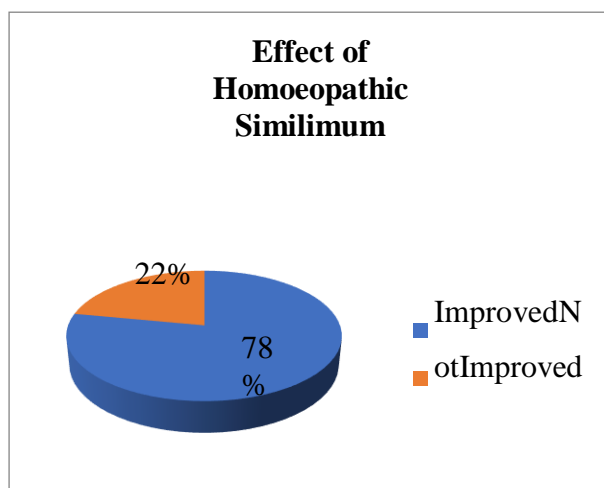
With the help of premenstrual syndrome questionnaire we screened about 200 females in M (N) HMC OPD and in Jalalpur gaon. Out of 200 females 45 patients were selected by using convenience non probability sampling. Comparative study was conducted between Homoeopathic similimum and Melissa Officinalis. Out of 45 patients 23 females were prescribed with Melissa Officinalis and 22 females were prescribed with homoeopathic similimum.

### **Statistical Analysis**

Comparison between Melissa Officinalis and homoeopathic similimum were performed at baseline to assess the randomization effect using paired T test and unpaired T test. Paired t test was done to know the effectiveness of Melissa Officinalis and homoeopathic similimum. Calculated t<sub>1</sub> value for Melissa Officinalis was 11.11, hence conclusion was Melissa Officinalis is effective in treatment of PMS and calculated t<sub>2</sub> value for homoeopathic similimum was 8.47, hence conclusion was homoeopathic similimum is effective in treatment of PMS. T value was calculated by using unpaired t test and t =10.03, hence conclusion is that there is no difference in effectiveness between Melissa Officinalis and homoeopathic similimum.

**Result**

OBJECTIVES	RESULT
<p>To study the effectiveness of homeopathic medicine Melissa Officinalis 200 CH versus homeopathic similimum in case of premenstrual syndrome in females of age group 15-45years</p>	<p>Here we observed that both homeopathic similimum and Melissa Officinalis have the role in cases of premenstrual syndrome but in term of percentage Melissa Officinalis is more effective than homeopathic similimum</p> <p>A) Effect of homeopathic similimum in cases of PMS (%)</p> <ul style="list-style-type: none"> <li>-Improved – 17 (77.2%)</li> <li>-Not improved–5(22.72)</li> </ul> <p>B) Effect of Melissa Officinalis in cases of PMS(%)</p> <ul style="list-style-type: none"> <li>-Improved-23(100%)</li> <li>-Not improved-0</li> </ul>
<p>2) To assess the reduction in the intensity of premenstrual syndrome by using questionnaire.</p>	<p>A) <u>Homeopathic similimum</u>- The mean score of PMS questionnaire before the start of treatment was 13.6 and after the 6<sup>th</sup> follow up was 3.72</p> <p>B) <u>Melissa Officinalis</u>- The mean score of PMS questionnaire before the start of treatment was 20.30 and after the 6<sup>th</sup> follow up was 5.09</p>



**Fig. 1: Comparative study of Homoeopathic similimum and Melissa Officinalis in cases of PMS****Discussion**

With the help of premenstrual syndrome questionnaire we screened about 200 females in M(N)HMC OPD and in Jalalpur gaon. Out of 200 females 45 patients were selected by using convenience non probability sampling. We did comparative study between homoeopathic similimum and Melissa Officinalis out of 45 patients 23 cases are of Melissa Officinalis and 22 cases are of homoeopathic similimum. In our study we observe that the Melissa Officinalis 200 is more effective in treating symptoms of premenstrual syndrome. Out of 45 patients 40 patients were improved and 5 patients were not improved.

**Conclusion**

Melissa Officinalis is more effective than homeopathic similimum in cases of premenstrual syndrome in females of age group 15-45years.

**Bibliography**

1. Sahin S, Ozdemir K, Unsal A. Evaluation of premenstrual syndrome and quality of life in university students. *J Pak Med Assoc.*2014Aug;64(8):915-22.PMID:25252518.
2. Dutta A, Sharma A. Prevalence of premenstrual syndrome and premenstrual dysphoric disorder in India: A systematic review and meta-analysis. *HealthPromotionPerspectives.*2021;11(2):161-170.
3. Konar H. D.C Dutta textbook of gynaecology including contraception. Kolkata, India: New CentralBookAgency;2009.
4. Akbarzadeh M, Dehghani M, Moshfeghy Z, Emamghoreishi M, Tavakoli P, Zare N. Effect of Melissa Officinalis Capsule on the Intensity of Premenstrual Syndrome Symptoms in High School Girl Students. *Nursing and Midwifery Studies.* 2015;4(2).
5. Yakir M, Klein-Laansma C, Kreitler S, Brzezinski A, Oberbaum M, Vithoulkas G et al. A Placebo Controlled Double-Blind Randomized Trial with Individualized Homeopathic Treatment using a Symptom Cluster Approach in Women with Premenstrual Syndrome. *Homeopathy.* 2019;108(04):256-269.
6. Abdnezhad, Roghayeh and Simbar, Masoumeh and Sheikhan, Zohreh and Mojab, Faraz and Nasiri, Malihe (2017) the effect of Salvia (Sage) extract on the emotional symptoms of premenstrual syndrome. *The Iranian Journal of Obstetrics, Gynecology and Infertility,* 20(10).pp.84-94.
7. Agha-Hosseini M, Kashani L, Aleyaseen A, Ghoreishi A, Rahmanpour H, Zarrinara A et al. Crocus sativus L. (saffron) in the treatment of premenstrual syndrome: a double-blind, randomized and placebo-controlled trial. *BJOG: An International Journal of Obstetrics and Gynaecology.* 2008;115(4):515-519.
8. Colas A, Terzan L, Bordet M, Danno K. Homeopathic treatment of premenstrual syndrome: a case series. *Homeopathy.* 2013;102(01):59-65.
9. Marjoribanks J, Brown J, O'Brien P, Wyatt K. Selective serotonin reuptake inhibitors for premenstrual syndrome. *Cochrane Database of Systematic Reviews.*2013;
10. Jafari F, Tabarrai M, Abbassian A, Jafari F, Ayati M. Effect of Garlic (*Allium sativum*) Supplementation on Premenstrual Disorders: A Randomized, Double-Blind, Placebo-Controlled Trial. *Evidence-Based Complementary and Alternative Medicine.*2021; 2021:1-9.

11. Jang S, Kim D, Choi M. Effects and treatment methods of acupuncture and herbal medicine for premenstrual syndrome/premenstrual dysphoric disorder: systematic review. *BMC Complementary and Alternative Medicine*. 2014;14(1).
12. Cerqueira R, Frey B, Leclerc E, Brietzke E. *Vitex agnus castus* for premenstrual syndrome and premenstrual dysphoric disorder: a systematic review. *Archives of Women's Mental Health*. 2017;20(6):713-719.
13. Stevinson C, Ernst E. A pilot study of *Hypericum perforatum* for the treatment of premenstrual syndrome. *BJOG: An International Journal of Obstetrics and Gynaecology*.2000;107(7):870-876.
14. Heydari N, Dehghani M, Emamghoreishi M, Akbarzadeh M. Effect of *Melissa Officinalis* capsule on the mental health of female adolescents with premenstrual syndrome: a clinical trial study. *International Journal of Adolescent Medicine and Health*. 2018; 31(3).
15. Safdari Dehcheshmeh, Faranak and Parvin, Neda. (2016)the effect of mefenamic acid and *Melissa Officinalis* on primary dysmenorrhea: A randomized clinical trial study. *International Journal of Pharmacognosy and Phytochemical Research*,8(8). pp. 1286-1292.
16. 1.[Internet].2022[cited21February2022]. Available from: <https://sfintegrativegynecology.com>> ...DOC PREMENSTRUAL SYNDROME QUESTIONNAIRE