

The efficacy of homoeopathic indicated medicine along with auxiliary mode of treatment in case of premenstrual syndrome in females of age group of 14-40 years: Case series

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Abstract

Background: This study investigates the combined efficacy of individualized homoeopathic medicines and yogasanas as a holistic approach to alleviate PMS symptoms in females aged 14-40 years. Aim: To evaluate the effectiveness of individualized homoeopathic treatment combined with auxiliary therapies in managing premenstrual syndrome (PMS) symptoms in women aged 14-40 years in Nashik, Maharashtra.

Objectives: To assess the impact of individualized homoeopathic remedies and complementary auxiliary treatments (likely yogasanas) on the severity and frequency of PMS symptoms. To document the changes in physical, psychological, and behavioural manifestations of PMS following this integrated treatment approach.

Methodology: The specific duration of this case series is 6 months.

Result: The study likely observed clinical improvements in PMS symptoms following the combined treatment with t value of 11.09 and p value of <0.0001 showing statistically significant result warranting further controlled research.

Conclusion: Study investigated the efficacy of homoeopathic medicine along with yogasanas in alleviating symptoms of Premenstrual Syndrome (PMS) in females aged 14-40. Results demonstrate a statistically significant improvement in PMS symptoms following homoeopathic treatment and yogasanas.

Keywords: Premenstrual Syndrome, Homoeopathy, Auxiliary Treatment, Case Series, Women's Health, Yogasanas, Nashik.

INTRODUCTION

Definition: Premenstrual Syndrome also called as Premenstrual Tension. It is a collection of group of symptom which are physical, psychological and behavioural, which appears at the same period in relation to menstrual cycle, usually 10 days before the onset of menstruation without any physically detectable cause. ^[1]

Premenstrual symptoms are collection of physical, behavioural, emotional, or psychological symptoms that begin with the start of the menses (Dysmenorrhea) or few days before the beginning of the period and is called premenstrual syndrome. The severity of symptoms differs from one to another and may interfere with their ADLs. There are no lab investigations or objective methods

to assess the severity of symptoms in absence of any other pathology. There are few scales and questionnaires are used either to follow up after an intervention, understand the PMS and Menstrual pain. [2]

PMS is considered to be a psychosomatic disorder. The prevalence of PMS is worldwide.^[3-5,14] This occurs during ovulatory cycles. The exact cause is believed to be unknown. In severe cases, extra cellular water and salt retention in the body occurs. This water retention is believed to be due to excessive secretion of oestradiol in relation to progesterone, although it is considered to be psychosomatic disorder.

Homoeopathic medicine act on whole plane of organisms i.e. psychic, organic as well as genomic. Homoeopathic medicine act on PNEI axis i.e. psycho-Neuro – Endocrino - Immunology. The syndrome consists of irritability, sleeplessness constipation, diarrhoea, painful breasts, hypoglycaemia and has shown promising result in PMS treatment.^[7-10,12,16,17]

It is a period that sometimes be challenging, it can be physically and emotionally too but what if we enter the practice of yogasanas - a gentle, transformative and relaxation approach that can bring relief before and during this natural cycle of female .

METHODOLOGY

1. Type of study : Case series
2. Study setting : M(N)HMC OPD, peripheral OPD and medical camps at M(N)HMC Hospital
3. Duration of study: 6 months
4. Sample size : 45 cases
5. Selection criteria

- **Inclusion criteria**

- a) Sex - female
- b) Age - 14-40
- c) Willing participation
- d) Females who experience symptoms before menstruation atleast 2-14 days
- e) Absence of symptoms after the menstruation
- f) Symptoms relieved by the onset of full menstrual flow.
- g) Selection criteria according to PMS QUESTIONNAIRE

- **Exclusion criteria**

- a) Female suffering from any severe disease where continuous alternative line of treatment is required.
- b) Females under treatment by other schools of medicine.
- c) Breastfeeding women
- d) Pregnant women

e) Menopausal women

6. Operational definition :

Premenstrual syndrome is the alteration in the physical, emotional, behavioural pattern which usually females experience during or before the menstrual cycle and followed by a relief period after the menstrual phase.

7. Study instruments / Data collection tools

Premenstrual Syndrome Questionnaire

Research Methodology specified & explained for data collection

Sample size: 45 cases

Sampling technique: convenience sampling

Method for collecting data: Screening form (PMS questionnaire) , Case recording format

8. Follow up - 6 F/U

Follow up criteria: Premenstrual Questionnaire

Analysis with the help of scores of scale.

Method of study –

1. Screening conducted with the help of PMS questionnaire
2. Enrolment of females fulfilling the criteria of the study
3. Thorough case taking with the help of CRF (case recording format)
4. Prescription of homeopathic indicated medicine according to patient's history along with yogasanas
5. 6 follow up
6. Assessment with the help of questionnaire
7. Analysis on basis of score of scale

Data management and analysis procedure:

Process by repertorization by RADAR Synthesis Treasure 9.1

Plan for Statistical analysis:

Required test applied at the end of the study. (Paired t-test), Graphical presentation.

Intervention : Homoeopathic Indicated Remedies were prescribed based on thorough case taking and yogasanas were advised.

Yogasanas for pms :-

1. Balasan (child's pose)
2. Marjaryasan – Bitilasana (cat cow pose)
3. Viparit karni (legs up the wall pose)
4. Setu bandhasan (bridge pose)

5. Supt Baddha Konasan (supine butterfly pose)

Outcome measures :

Primary outcome is reduction in the intensity of PMS through homoeopathic indicated medicine along with auxiliary mode of treatment by using PSQ scale (an assessment tool). And secondary outcome is frequently indicated remedy in case of PMS are Natrum mur, Pulsatilla and Sepia.

STATISTICAL ANALYSIS

Descriptive Statistics

1. Pre-test:
 - a. Mean: 23.42
 - b. Standard Deviation: 7.77
 - c. Median: 23
 - d. Mode: 19, 23, 25
 - e. Minimum: 9
 - f. Maximum: 48
 - g. Count: 45
2. Post-test:
 - a. Mean: 7.42
 - b. Standard Deviation: 4.09
 - c. Median: 6
 - d. Mode: 5
 - e. Minimum: 2
 - f. Maximum: 25
 - g. Count: 45

Paired T-Test

Differences (Post-Pre): Calculated for each pair.

- Mean of Differences: -16
- Standard Deviation of Differences: 9.68
- Number of pairs (n): 45
- Mean of the differences (\bar{d}): -16
- Standard deviation of the differences (sd): 9.68

The Formula:

The formula for the paired t-statistic is: $t = \bar{d} / (sd / \sqrt{n})$

Where:

\bar{d} = mean of the differences

sd = standard deviation of the differences

n = number of pairs

Standard error of the mean difference (sd / \sqrt{n}):

$$sd / \sqrt{n} = 9.68 / \sqrt{45}$$

$$sd / \sqrt{n} = 9.68 / 6.708$$

$$sd / \sqrt{n} = 1.443$$

t-statistic (\bar{d} / standard error):

$$t = -16 / 1.443$$

$$t = -11.09$$

Degrees of Freedom (df):

$$df = n - 1$$

$$df = 45 - 1$$

$$df = 44$$

P-value:

P-value: < 0.0001 (extremely small)

Interpretation

1. The mean post-test score (7.42) is significantly lower than the mean pre-test score (23.42).
2. The very small p-value (< 0.0001) indicates that the observed difference is highly statistically significant. This means it's extremely unlikely to have occurred by chance.
3. The t-value of -11.09 shows a strong difference between the paired data.
4. The negative t-value means the post test score was less than the pre test score.
5. The standard deviation of the post test data is much smaller than the pre test data, this means the data is much more tightly grouped around the mean after the treatment.

OBSERVATION

1. Age wise distribution

According to our findings, the prevalence of premenstrual symptoms is highest among women aged 21-22 years. i.e. there were **13 patients** of age 21 and 22 years out of 45 patients which makes **28.89%**

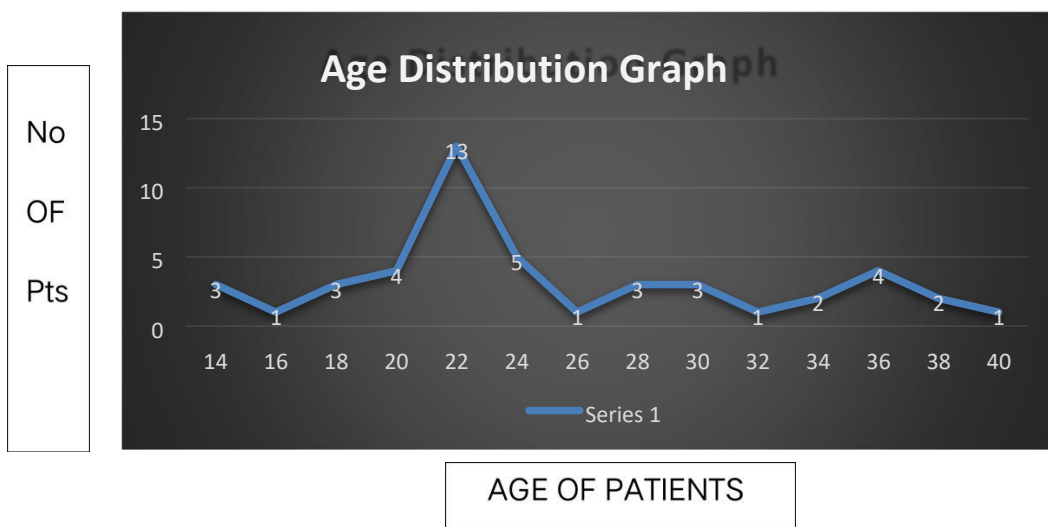


Fig. 1 : Line graph showing age distribution of PMS in female patients

Table: Age wise Distribution

Age group	Number of patients
14-16	3
17-18	3
19-20	4
21-22	13
23-24	5
25-26	1
27-28	3
29-30	3
31-32	1
33-34	2
35-36	4
37-38	2
39-40	1

2. Distribution based on marital status

According to our study, Unmarried women were more likely to suffer from premenstrual symptoms i.e. **24** out of 45 which makes **53.33%** than their married counterpart i.e. **21** out of 45 which makes **46.67%** .

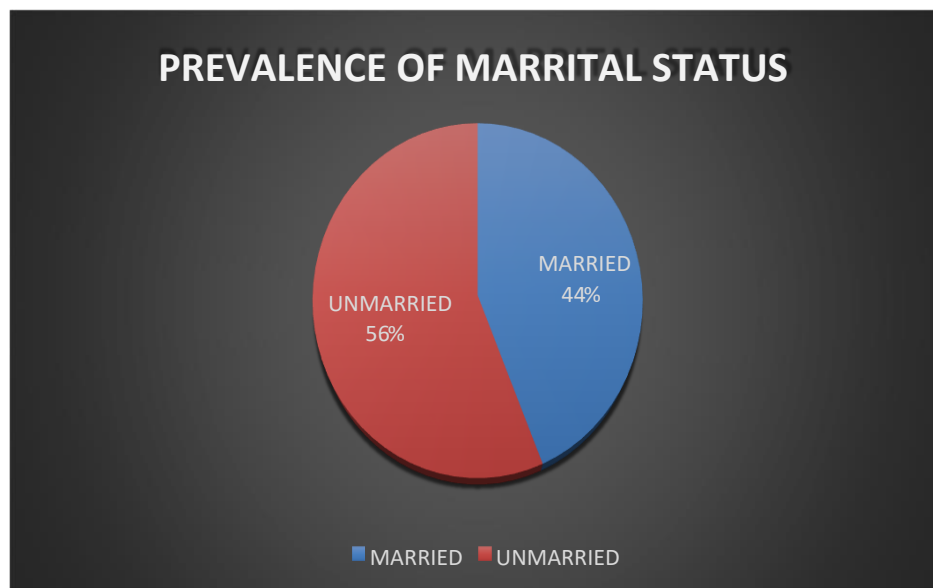


Fig. 2 : Pie chart showing prevalence of PMS in Married and Unmarried women

Table: Distribution based on marital status

Number of married patients	Number of unmarried patients
21	24

3. COMMON SYMPTOMS OF PMS :

On the basis of PMS Questionnaire , the symptoms were divided into mainly 4 types viz. Mental general symptoms, physical general symptoms, particular symptoms and extra-genital manifestation of PMS .

The total severity score of all 45 patients were calculated according to the type of symptom at time of enrolment and at 6th follow up.

It is observed that the reduction in severity of Extra-genital symptoms of PMS is more than the other type.

The hierarchy of reduction in severity is as follows.

Extra-genital manifestation > Mental general symptoms > physical general symptoms > particular symptoms.

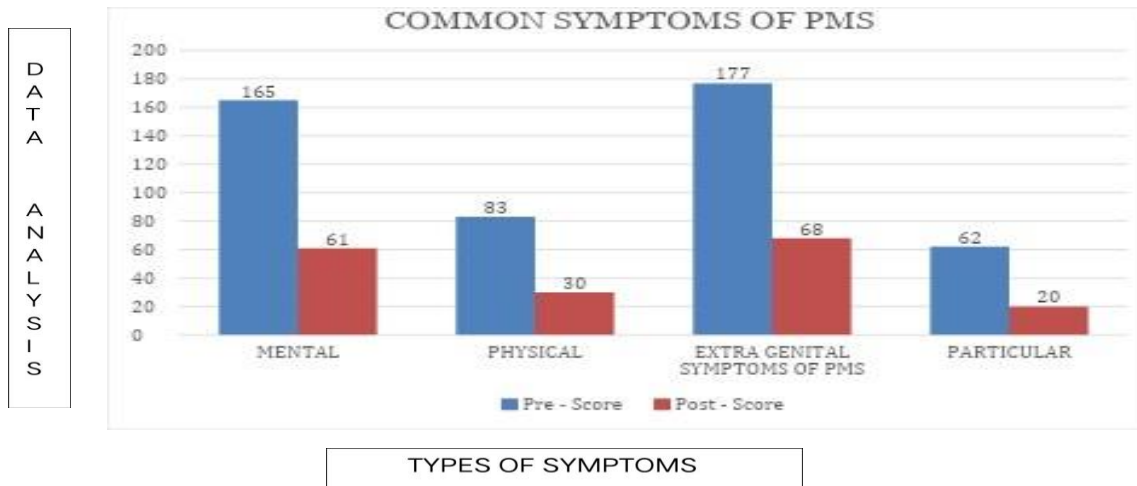


Fig 3 : Graph showing Common symptoms of PMS

Type of symptom	Total severity score at time of enrolment	Total severity score at 6 th f/u
Mental symptom	165	61
Physical symptom	83	30
Extra-genital symptoms	177	68
Particular symptom	62	20

Table: Common symptoms of PMS

4. Comparison between mean of pre score and mean of post score :

The mean value of pre score which was noted at the time of enrolment of each patient is calculated as **23.42** and mean value of post score recorded at 6th follow up, calculated as **7.42**.

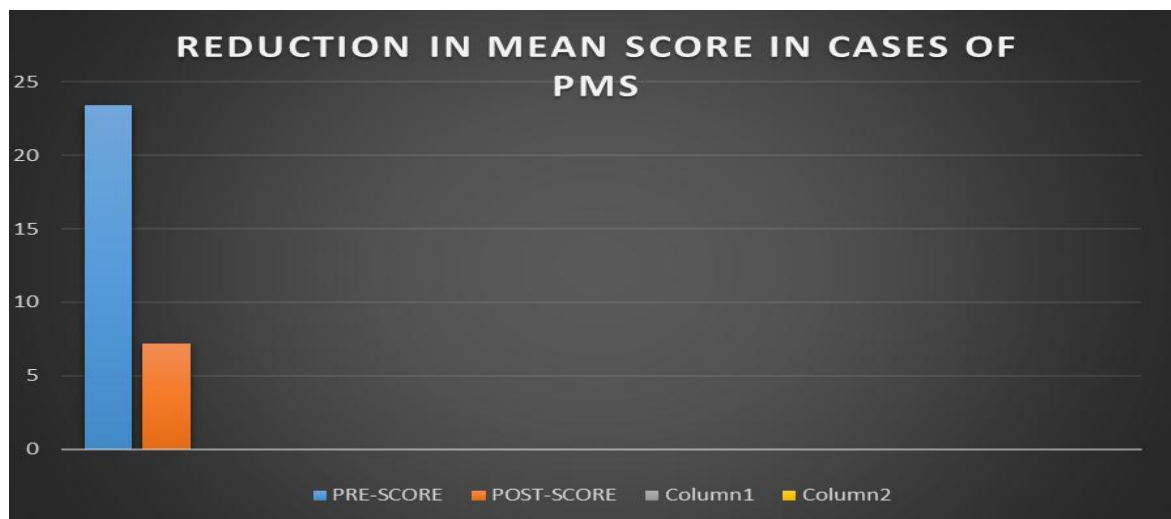


Fig. 4 : Bar graph showing reduction in mean score of PMS

Table: Mean of pre score and post score

MEAN OF PRE SCORE	MEAN OF POST SCORE
23.42	7.42

5. Frequently prescribed medicine:

In this study, homeopathic individualised medicine was prescribed to each patient. It is observed that **Natrum mur** was prescribed to **7 patients** out of 45, which was more frequent making **14%**. **Sepia** and **Pulsatilla** was prescribed to **5 patients** respectively, making **10%**

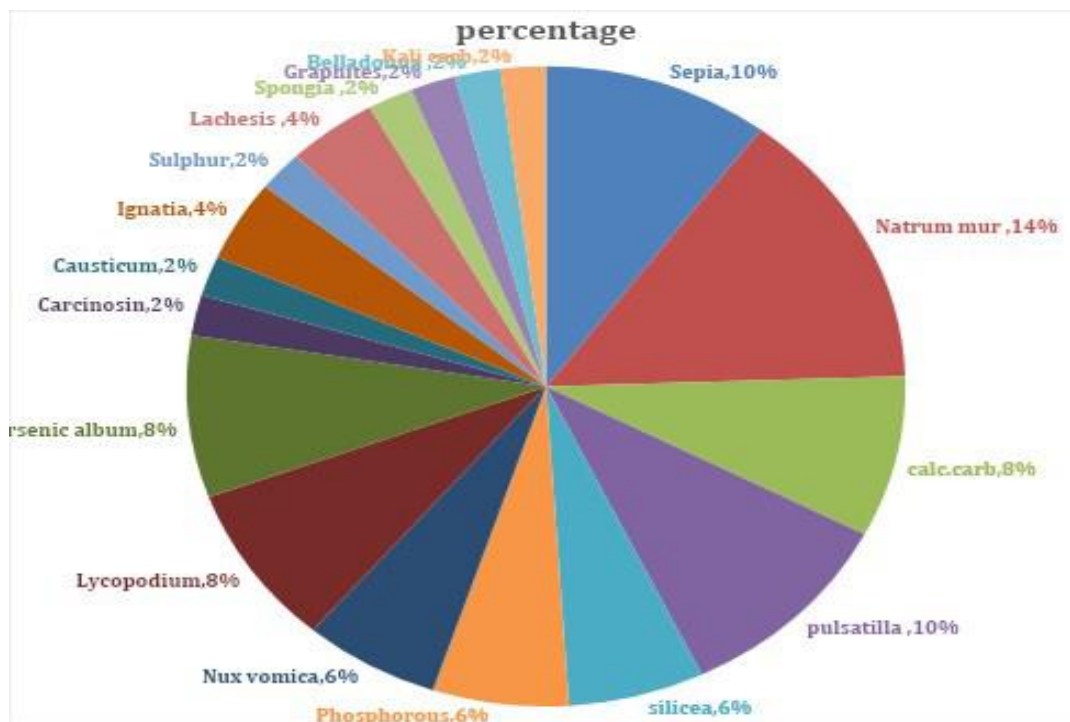


Fig. 5 : Pie chart showing frequently used medicine in treatment of PMS

Table: Frequently prescribed Medicines

Natrum muriaticum	7
Sepia	5
Pulsatilla	5
Calcarea carbonica	4
Silicea	3
Phosphorus	3
Nux vomica	3
Lycopodium	4
Arsenic Album	4
Carcinosin	1
Causticum	1
Ignatia	2
Sulphur	1
Lachesis	2
Spongia	1
Graphites	1
Belladonna	1
Kali Carbonica	1

RESULT

OBSERVATION	RESULT
To study the reduction in the intensity of PMS through homoeopathic indicated medicine along with auxiliary mode of treatment by using questionnaire.	Mean intensity of PMS according to PSQ scale before treatment was 7.42 and after treatment it was 23.42 on calculating the significance of difference using paired t-test. Calculated t value was 11.09. Tabulated t value was 2.02. Since tabulated t value is less than Calculated t value, Study hypothesis is accepted.
To find out frequently indicated remedy in case of PMS.	The most prescribed remedies were Natrum mur (14%), Pulsatilla (10%), Sepia(10%), Calcarea carb(8%), Lycopodium (8%), Arsenic album (8%).

DISCUSSION :

Pre menstrual syndrome is experienced by women prior to menses as collection of physical symptoms and emotional symptoms. 45 patients were studied as per inclusion and exclusion criteria from the peripheral OPD's, Camps (15 patients) and M(N)HMC OPD (30 patients). The status of improvement was observed through the PSQ scale (which is an assessment aid) used to analyse the severity of pms symptoms along with yoga at first consultation and at the time of 6th follow up of each patient. It is a period that sometimes be challenging, physically and emotionally. So to bring relief before and during this natural cycle, along with the homeopathic medicines we have also advised yogasanas such as Balasana, Marjaryasana, Viparita karani, Setu bandhasana, Supta baddha konasana.

The study revealed an observation that homoeopathic medicines along with yoga is effective in the treatment of PMS.

We also observed that among Mental symptoms (such as anxiety, irritability, mood swings, etc.), Physical symptoms (such as headache, fatigue, dizziness), extra genital particular symptom (such as weight gain, tenderness in breast, bloating in abdomen) and particular symptoms (menstrual cramps and menstrual backache), percentage rate of extra manifestation were higher.

We have also observed that patient presented with PMS along with other complaints like ganglion cyst, tinea versicolor, haemorrhoids, nutritional deficiency were also improved.

Some of the difficulties faced during this project were

1. We had trouble while getting cases due to lack of awareness about PMS
2. Educating patient on correct dosage administration presents challenges.
3. Difficulty was found among the patients while filling the PSQ scale

4. Patients were not able to follow the yogasanas as per advised due to their busy schedule.
5. The hindrance of maintaining causes was faced in improvement of patient due to factors such as age, occupation, psycho-social factors; all had their effect on the outcome of studies.
6. Due to limited study schedule we couldn't explore study further.

Research produced mightful information about treatment of PMS despite all this obstacles. The aim is to inform the future researchers that in addition to studying PMS, they can also investigate in different areas like causes, dietary habits and lifestyle.

CONCLUSION

This study aimed to investigate the efficacy of homoeopathic medicine along with yogasanas in alleviating symptoms of Premenstrual Syndrome (PMS) in females aged 14-40. Our results demonstrate a statistically significant improvement in PMS symptoms following homoeopathic treatment and yogasanas.

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