10.67286/mhmc.v10.i2.000005

Effectiveness of homoeopathic indicated medicine for reducing the intensity of pain in cases of primary dysmenorrhea in females of age group 15-35 years- A case series.

Dr.Mita Gharte[1], Dr.Ravind Yadav[1], Dr.Vishal Nimbhore[1], Dr. Noozat Shaikh[1].
Miss.Deepika Solanki[2], Miss.Shivani Gupta[2], Miss.Sadhana Sadgir[2].

ABSTRACT

Background: Primary dysmenorrhea is a spasmodic, painful cramps in lower abdomen. Which begin at the onset of menses in the absence of any pelvic pathology. Its onset occurs mainly during adolescence. In associated with systemic symptoms such as vomiting , nausea, fatigue ,diarrhea, insomnia frequently accompanied with pain.

Objective: This study evaluates the effectiveness of homoeopathic indicated medicine for reducing the intensity of pain in cases of Primary dysmenorrhea.

Methods: A case series study was conducted at Motiwala (National) Homoeopathic Medical College, Nashik, involving 45 patients females age group 15 to 35 years.After detailed case-taking and repertorisation, homeopathic Indicated medicines were prescribed, with follow-up over 6 months.

Results: Out of 45 patients, 41 showed significant improvement, while4experienced significantly Not improved Mean of all 45 patients before intervention NPRS score (8.13) and after intervention NPRS score (3.6) shows that intensity of pain reduced.

Conclusion: The result of this study suggest that homoeopathic indicated medicine has significantly reduce the intensity of pain in females of age group 15-35years suffering from primary dysmenorrhea. We observed improvement in NPR Scale Score.

Keywords:Homoeopathic Indicated medicine,Primary dysmenorrhea,NPRS Scale.

INTRODUCTION:

Dysmenorrhea literally means painful menstruation. The word dysmenorrhea is translation of greek language in which dys means difficult, meno means month and rrhea is flow [4]

In the modern medical system, dysmenorrhea can be classified into[1]

1)Primary dysmenorrhea

2)Secondary dysmenorrhea:

Primary dysmenorrhea is a spasmodic ,painful cramps in lower abdomen. Which starts at beginning of menses without any pelvic pathology. It occurs mainly during adolescence. In

associated with systemic symptoms such as vomiting, diarrhea, insomnia, nausea, fatigue accompanied by pain. The pain of primary dysmenorrhea usually starts before or at the start of menses. The pain lasts upto 8 to72 hrs. it is more during the first and second day of menses, it may be radiates to thighs and back.

Etiology: The etiology of primary dysmenorrhea not exactly known, but the explanation attaches to dysmenorrhea is increase in prostaglandins that results contraction of uterus. Contractions leads to cramps due to limitation of blood flow.[2]

1. Psychosomatic factors
2. Imbalance in the autonomic nervous control of uterine muscle.
3. Role of prostaglandins[17]

SCALE TO MEASURE THE INTENSITY OF PAIN:
The Numerical Pain Rating Scale.

Aim: To study the effectiveness of homoeopathic indicated medicine for reducing the intensity of pain in cases of primary dysmenorrhea.

Objective:

1.Primary objective is to reduce intensity of pain in cases of primary dysmenorrhea with homoeopathic indicated medicine assessed through Numerical Pain Rating Scale.

2. Secondary objective To find out the commonest homoeopathic indicated medicine in cases of primary dysmenorrhea**.**

Materials and methods:

Study design-A case series
Location- MNHMC OPD
Duration of study- 6 months
Sample Size-45 females
Age group-15-35years

Sampling Technique-Convenience sampling, Patients selected on the basis of inclusion criteria

Method of selection of study subject (Eligibility criteria)

A. INCLUSION CRITERIA:

Female patient who has suffering from pain of sufficient magnitude during menses without any pelvic pathology. Aged between 15-35years, symptomatic for at least 3 months. Patient willing to take part in study and given written consent.

B. EXCLUSION CRITERIA:

Patient having presence of pelvic pathology eg unexplained vaginal bleeding, pelvic inflammatory disease,genitourinary tract malignancy I secondary dysmenorrhea, life threatening infections. Pregnant, puerperal and lactating women.

Methods of study-

1. Sample will be selected as per inclusion and exclusion criteria.
2. Case taking will be done by using case record format.
3. NPR scale is used to know the intensity of pain.
4. On the basis of symptom similarity, homoeopathic indicated medicine to be selected.
5. 6 follow up
6. Analysis on the basis of score of scale

Intervention- Patient selection on the basis of inclusion criteria. Homoeopathic Indicated medicine was prescribed on the basis of symptom similarity.

Outcome Measures-

Primary outcome was to reduce pain intensity in cases of primary dysmenorrhea with homoeopathic indicated medicine assessed through numerical pain rating scale. Second Outcome was to find out the commonest homoeopathic indicated medicine in cases of primary dysmenorrhea. Numerical pain rating scale was used for assessment of intensity of pain in primary dysmenorrhea. The scale consist severe(10-7), moderate(6-4), mild(3-1) and none(0) score.

Statistical Analysis-

The test used was Paired T test.
Calculated t value value in paired t test for numerical pain rating scale is 22.3 Table t value in degree of freedom 44 is 2.02 Table t value<calculated t value.
So,Null hypothesis is rejected . Alternative hypothesis is accepted
i.e. Homoeopathic indicated medicine is effective to reduce the intensity of pain.

RESULT:

The study shows that homeopathic indicated medicines are effective for reducing the intensity of pain in cases of primary dysmenorrhea assessed through numerical pain rating scale. Mean of all 45 patients before intervention NPRS score (8.13) and after intervention NPRS score (3.6) shows that intensity of pain reduced. Out of 45 patients, 41 (91%) showed improvement while 4 patient showed no significant improvement. Calculated t value (22.3) is more than tabulated t value(2.02) and hence null hypothesis is rejected .The most commonly prescribed medicines in our study were found to be: Pulsatilla 24% Natrum mur 1Phosphorus 11% Sepia 7% Ignatia 7% Lycopodium 7% Calcarea carb 7% Nux vomica 7%

Graphical representation-

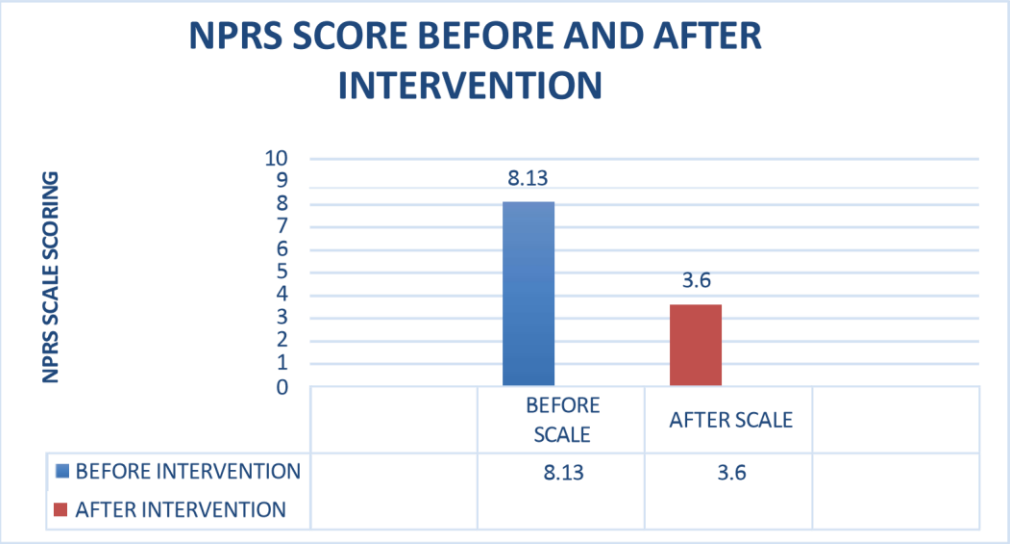

Fig.01The bar graph shows the mean difference between before intervention of NPRS score and after intervention of NPRS score.

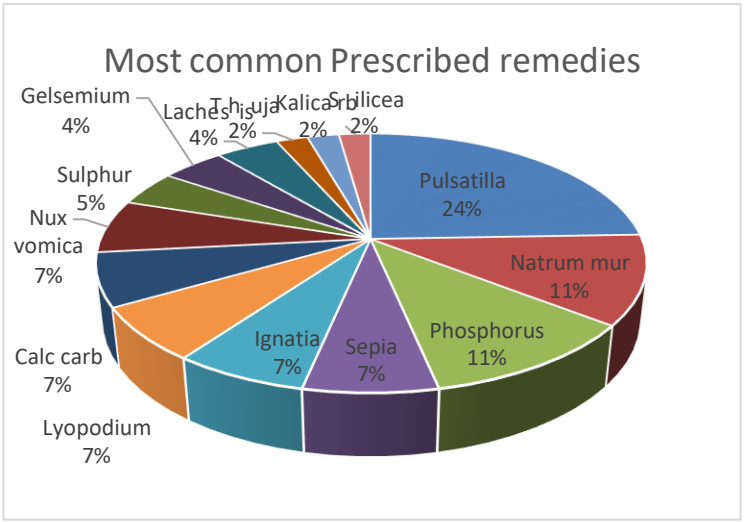

Fig 02-Commonly prescribed Homoeopathic indicated medicine

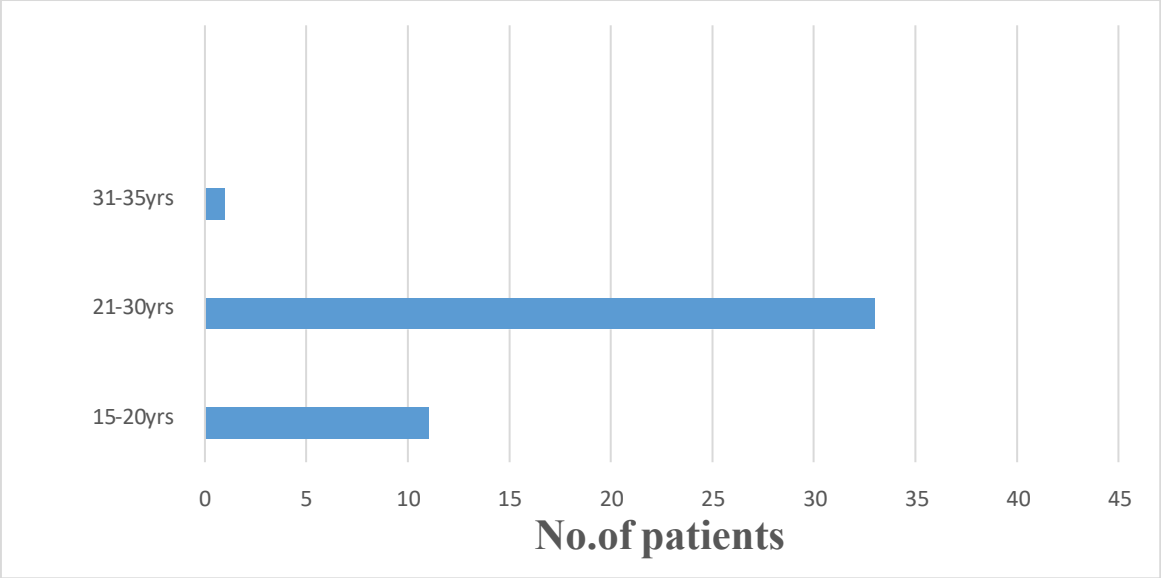

Fig.03 Graph of age distribution

DISCUSSION

While widely used solution to this complaint is NSAIDS with significant side effect. By considering all we decided to conduct a case series study to find the effectiveness of homoeopathic indicated medicine for reducing pain intensity in dysmenorrhea ,primary type females age group 15-35 years. In this study we enrolled total 50 patients eventually dropping out 5 patients due to inconsistency of follow up. Sample size of 45 cases required for our study was considering our inclusion and exclusion criteria. These patient were come and enrolled from M(N)HMC OPD and camp of panel with complaints of severe dysmenorrhea and other associated complaints.NPR Scale was found reliable to assess the intensity of pain in patient suffering from primary dysmenorrhea. We further studied these patient by case taking and we found the proper homoeopathic indicated medicine. After the study of 45 cases we found out that in 41 cases was improved and in 4 cases were not improved. In this 4 cases which were not improved the intensity of pain was not significantly reduced . Aim of our study was to find homoeopathic indicated medicine is effective in reducing intensity of pain in dysmenorrhea in females age group 15-35 years. The mean score of NPR scale before treatment was 8.13 and after treatment the mean score reduced to 3.6.Homoeopathic indicated medicine shown improvement in management of pain among these females. The secondary objective was to figure out the commonly prescribed medicines in cases of primary dysmenorrhea were found to be: Pulsatilla 24%,Natrum mur 11%,Phosphorus 11%,Sepia 7%,Ignatia 7%,Lycopodium 7%,Calcarea carb 7%,Nux vomica 7%,Sulphur 5%

Patient from age group 15-20 (11 patients),21-30(33 patients),31-35(1 patient) .In our study primary dysmenorrhea was mostly found in patients in age group of 15-20 (11 patients) and 21-30(33 patients).As primary dysmenorrhea is most common in young females and adolescents. Considering the hypothesis and the data generated ,we calculated the statistics using paired ttest. As calculated t value (22.3) is more than the table t value, hence null hypothesis was rejected. We accepted alternate hypothesis and concluded that homoeopathic indicated medicines useful in reducing the intensity of pain in primary dysmenorrhea. In our study we observe that homoeopathic medicines reduce the pain intensity of pain in patients suffering from primary dysmenorrhea as prescribed on the basis of totality of symptoms because homoeopathic indicated medicine have potential to act dynamically on the vital force to restore sick to health.

CONCLUSION: The result of this study suggest that homoeopathic indicated medicine has significantly reduce the intensity of pain in females of age group 15-35years suffering from primary dysmenorrhea. We observed improvement in NPR Scale.

REFERENCES:

1) DongY,LiM,HongYZ,LiW.Insight intoDysmenorrheaResearchfrom1992 to 2022: A Bibliometric Analysis. Journal of Pain Research [Internet]. 2023 Oct 1 [cited 2023 Nov 1]; Volume 16:3591–611.

2) FangX,LiuH,WangM,WangG.Scientific KnowledgeGraphofDysmenorrhea:A Bibliometric Analysis from2001 to 2021. J Pain Res. 2023 Aug 22; 16:2883-2897. doi: 10.2147/JPR.S418602. PMID: 37638206; PMCID:PMC10460176.https://pubmed.ncbi.nlm.nih.gov/37638206/

3) Singh,Poonam&Chatterjee,Namita&Singh,PraneshKumar.(2020).ROLEOF HOMOEOPATHYINPRIMARYDYSMENORRHOEA-ARANDOMIZEDPLACEBOCONTROL TRIAL.

4) Wahyuni, Wahyuni&Nordin, N.A.M. &Mutalazimah, Mutalazimah. (2021). The correlation between pain's level of dysmenorrhea and affected activity: A study of youngwomeninsurakartaresidency.4.207-214.10.26655/JMCHEMSCI.2021.2.12.

5) IacovidesS,AvidonI,BakerFC.Whatweknowaboutprimarydysmenorrheatoday:a critical review. Hum Reprod Update. 2015 Nov-Dec;21(6):762-78. doi: 10.1093/humupd/dmv039. Epub 2015 Sep 7. PMID: 26346058.

6) ItaniR,SoubraL,KaroutS,RahmeD,KaroutL,KhojahHMJ.PrimaryDysmenorrhea: Pathophysiology, Diagnosis, and Treatment Updates. Korean J Fam Med. 2022 Mar;43(2):101-108.doi:10.4082/kjfm.21.0103. Epub2022Mar17.PMID:35320895; PMCID: PMC8943241.

7) SahaS,SarkarP,ChakrabortyK,KoleyM,SahaS,ChattopadhyayR.Effectivenessof Magnesium Phosphoricum 6X in comparison with individualized homeopathic treatment of primary dysmenorrhea: an open-label, randomized, pragmatic, equivalence trial. J West Bengal Univ Health Sci. 2023;3(3):3-18.

8) Citeas:IntJHighDilutionRes.2024;23(CF):01-15 https://doi.org/10.51910/ijhdr.v23icf.1388

9) Singh, Poonam & Chatterjee, Namita & Singh, Pranesh Kumar.(2020).ROLEOF HOMOEOPATHYINPRIMARYDYSMENORRHOEA-ARANDOMIZEDPLACEBOCONTROL TRIAL.

10) Wahyuni,Wahyuni&Nordin, N.A.M. &Mutalazimah, Mutalazimah. (2021). The correlation between pain's level of dysmenorrhea and affected activity: A study of youngwomeninsurakartaresidency.4.207-214.10.26655 /JMCHEMSCI.2021.2.12

11) https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-019-0873- 4#citeas

12) SahaS,SarkarP,ChakrabortyK,KoleyM,SahaS,ChattopadhyayR.Effectivenessof Magnesium Phosphoricum 6X in comparison with individualized homeopathic treatment of primary dysmenorrhea: an open-label, randomized, pragmatic, equivalence trial. J West Bengal Univ Health Sci. 2023;3(3):3-18.

13) Alizadeh Charandabi SM, Biglu MH,Yousefi Rad K. Effect ofHomeopathy on Pain IntensityandQualityOfLifeofStudentsWithPrimaryDysmenorrhea:ARandomized Controlled Trial. Iran Red Crescent Med J. 2016Aug 9;18(9):e30902. doi: 10.5812/ircmj.30902.PMID:28144456;PMCID: PMC5253212.

14) Dr.Jyoti Rao,Dr. GirishPatel,& Dr. Pranav Shah. (2021). Efficacy Of Homeopathic Medicines In Dysmenorrhoea :Efficacy Of Homeopathic Medicines In Dysmenorrhoea. National Journal of Integrated Research in Medicine, 12(5), 48–50. https://doi.org/10.70284/njirm.v12i5.3172

15) Homeobook.Dysmenorrheaanditshomoeopathicmanagement[Internet].2021[cited 2025 Mar 29]. Available from: https://www.homeobook.com/dysmenorrhea-and-its- homoeopathic-management.

16) https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.sralab.org/sites/default/files/2017-07/Numeric%2520Pain%2520Rating%2520Scale%2520Instructions.pdf&ved=2ahUKEwic_O3xh6OMAxVkRmwGHTUONHMQFnoECBwQAQ&usg=AOvVaw0UAak15yBZVwhrmJGz1ldn

17) DCduttatextbookofgynecologyenlarged&revisedreprintofsixthedition.

18) Omidvar S, Bakouei F, Amiri FN, Begum K. Primary Dysmenorrhea and Menstrual SymptomsinIndianFemaleStudents:Prevalence,ImpactandManagement.GlobJ Health Sci. 2016 Aug 1;8(8):53632. doi: 10.5539/gjhs.v8n8p135. PMID: 27045406; PMCID: PMC5016343.

19) William boericke pocket manual of homeopathic materia medica.