A Clinical Study on The Efficacy of Homoeopathic medicines in Dysmenorrhoea

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Abstract: This Clinical Study was conducted to find out the Efficacy of Homoeopathic medicines in cases of Dysmenorrhoea and to evaluate the Miasmatic Influence. 30 cases were selected for the study. Incidence of Dysmenorrhoea related to Age, Socio-economic Satus, Life Style, Limitation of Activities, Miasmatic Influence, Association of Maternal dysmenorrhoea, Parity was studied. It has been concluded that Dysmenorrhoea can be managed successfully with Homoeopathic Medicines.

Keywords: Dysmenorhoea, Prostaglandins, Painful Menstruation ,Spasmodic Dysmenorrhoea

Introduction

Dysmenorrhoea means difficult and painful menstruation. It is the most common gynaecological disorder in women of reproductive age. It remains the greatest cause of lost school days and working hours among women. Almost all women get some discomfort during menstruation but in case if pain is severe limiting her normal daily activities is called Dysmenorrhoea. It is difficult to assess the exact incidence because pain being a subjective symptom its perception varies from person to person. *The American College of Obstetricians and Gynaecologists* in its bulletin has reported the incidence of Dysmenorhoea in 50% of menstruating women. Severe Dysmenorrhoea is reported to occur in 3-10% of young women.

Its incidence has become higher with degree of civilization of the community. It also depends upon the socio-economic status and climatic conditions. Although it is not a serious affection but due to its frequency patients economic,social life is interrupted and is also disturbed psychologically. Homoeopathy plays an effective role in cure of this malady. There is a need to verify, reprove and document the efficacy of Homoeopathic medicines used for treatment of Dysmenorrhoea as per available protocol of Clinical Research.

The high levels of Prostaglandins give rise to painful contractions during ovulatory cycles (***Lundstrom et al,1975***). It is supported by the effects of treatment with antiprostaglandin agents.

Aetiology

The exact aetiology of **Primary Dysmenorrhoea** is not known,various theories have been put forward.

- The spasmodic nature of the pain is due to the cervical obstruction as pointed out by ***Mackintosh(1834).***
- The significance of Uterine Hyperactivity also plays an important role(***Filler and Hall 1970,Novak & Reynolds 1932)***
- Spasmodic Dysmenorrhoea is related to production of Progesterone in the body.
- ***Moir*** has shown that during the secretory phase, under the influence of progesterone, uterine contractions become infrequent and stronger. This increased strength may cause muscle ischaemia and lead to spasmodic dysmenorrhoea(Myometrial Angina)
- Heavy Menstrual loss and clots passed during menstruation initiate the lower abdominal pain(Membranous Dysmenorrhoea)
- Malformation of the uterus due to unequal development of the mullerian ducts
- Endocrinal Factors- High Levels of Prostaglandins(***Pickles et al,1965***) in Ovulatory cycles give rise to painful uterine contractions which is evidenced by treatment with antiprostaglandin agents and is also universally accepted.

Secondary Dysmenorrhoea is due to some pelvic pathology:

Endometriosis
Pelvic Inflammatory Disease(PID)
Fibroids
Endometrial polyps
Intrauterine adhesions
Iatrogenic causes(Use of an IUCD
Extragenital factors(Inflammed appendix) etc.

Classification of Dysmenorrhoea

1. Primary Dysmenorrhoea (syn.-Spasmodic,True,Functional,Idiopathic,Intrinsic)
2. Secondary Dysmenorrhoea (syn.-Congestive,Extrinsic,Acquired or Organic)
3. Other forms of Dysmenorrhoea are:

- Ovarian Dysmenorrhoea
- Membranous Dysmenorrhoea

Materials and Methods

The study was undertaken at Rajasthan Vidyapeeth Homoepathic Medical College and Hospital, Dabok and at my own clinic in which 30 cases were included and the study was undertaken for a period of six months. The Diagnosed / Undiagnosed cases of Dysmenorrhoea were included and selected by random sampling method. Detailed case was taken, analysis and evaluation following Homoeopathic principles was done.

Observations and Results

Distribution of 30 cases according to Age Group (Table 1)

Age in years	No. of Cases	Percentage
15-20	11	37
21-25	9	30
26-30	7	23
31-35	3	10
Total	30	100

As shown in above table,maximum incidence of Dysmenorrhoea was observed in the age group of 15-20 yrs i.e in 37% cases followed by 21-25 yrs (30%) and minimum incidence was observed in 31-35ys i.e 10% cases

Distribution of 30 cases according to Socio-economic Status (Table 2)

Socio-economic Status	No. of Cases	Percentage
Upper Class	21	70
Middle Class	9	30
Total	30	100

It was observed out of 30 cases of dysmenorrhoea,21 cases belonged to upper class i.e. 70% whereas incidence was only 30% from middle class.

Distribution of 30 cases according to Life Style (Table 3)

Life Style	No. of Cases	Percentage
Sedentary	22	73
Active	8	27
Total	30	100

It was observed sedentary life style also accounted for maximum number of cases 73% (22cases) whereas 8 cases(27%) reported to lead an active life.

Incidence of Limitation of Activities during Dysmenorrhoea (Table 4)

Limitation of activities	No. of Cases	Percentage
Present	16	53
Not Present	14	47
Total	30	100

As shown in above table, out of 30 cases of dysmenorrhoea 16 cases reported limitation of activities i.e. 53% whereas no limitation of activity was reported in 14 cases i.e. 47%

Association of History of Maternal Dysmenorrhoea (Table 5)

Maternal dysmenorrhoea	No. of Cases	Percentage
Associated	23	76
Not Associated	7	24
Total	30	100

It was observed that 23 cases (76%) were found to be associated with maternal dysmenorrhoea whereas in 7 cases(24%) there was no maternal history of dysmenorrhoea.

Distribution of 30 cases according to Parity (Table 6)

Parity	No. of Cases	Percentage
Nullipara	26	87
Para	4	13
Total	30	100

It was observed that 87% cases were nulliparous and only 13% cases were parous.

Distribution of 30 cases according to Miasmatic Influence (Table 7)

Miasm	No. of Cases	Percentage
Psoric	4	13
Sycotic	16	54
Syphilitic	0	0
Mixed	9	30
Acute Miasm	1	3
Total	30	100

It was observed that maximum cases (54%) were under the influence of Sycotic Miasm

Treatment Response in 30 cases of Dysmenorrhoea (Table 8)

Medicine Given	No. of Cases	Cured	Improved	Status Quo
Pulsatilla	10	3	6	1
Kali Carb	5	2	2	1
Sepia	4	2	2	-
Lachesis	4	2	2	-
Cal Carb	3	1	-	2
Belladonna	1	-	1	-
Mag Carb	1	1	-	-

Sulphur	1	-	1	-
Sabina	1	-	1	-
Total	30	11	15	4

Distribution of 30 cases according to Result Obtained (Table 9)

Results	No. of Cases	Percentage
Cured	11	36.67
Improved	15	50
Status Quo	4	13.33
Total	30	100

Conclusion

The maximum incidence of Dysmenorrhoea was observed in females of age group 15-30 yrs who were unmarried, belonging to upper class living sedentary life. Pulsatilla, Kali Carb, Sepia, Lachesis , Cal carb, Mag carb, Sulphur, Belladonna and Sabina were prescribed on the basis of totality of symptoms. Pulsatilla indicated in maximum no of cases is a Sycotic medicine. Kali Carb and Mag Carb too are Sycotic medicines. Sepia and Lachesis are Syco-syhilitic medicines. Cal Carb belongs to Psoric miasm and has some Sycotic traits where as Sulphur is the king of antipsoric. It is clearly evident that almost mixed miasm is there but mainly the sycotic miasm plays an important role. In Psora pain is not so severe and menses flow only for a day, only a few hours or imperceptibly small quantity. In sycotic , very often pains of uterus are spasmodic, colicky and paroxysmal and menstrual flow offensive, clotted stringy, dark even black , acrid and excoriating.

Homoepathic medicines were found very efficacious in treatment of cases of dysmenorrhoea as 15 cases showed improvement, 11 cases were cured and only 4 cases remained status quo, so overall 26 cases i.e. 87% cases were benefited during the study. During the study it was found that Homoeopathic medicines not only reduced the frequency but also cured the condition.

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