HOMEOEPATHIC MANAGEMENT OF PRIMARY DYSMENORRHOEA - A CASE REPORT

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ABSTRACT

Primary dysmenorrhoea is period pain that cannot be explained by structural gynaecological pathology. It is highly prevalent in adolescence and starts six to twelve months after painless periods of menarche. This pain is spasmodic and is often superimposed over background of constant lower abdominal pain, and may radiate to the back or thigh. Malaise, fatigue, nausea, vomiting, diarrhea, or headache is often concomitant. Increased production of endometrial prostaglandin has been reported in suffering women which results in increased uterine tone and stronger, more frequent uterine contractions that induce pain\[^{1, 2 & 3}\]. Nearly 5 to 15% of women suffering with primary dysmenorrhoea, report interference with daily activities\[^{4, 5 & 6}\] and absence from school or work due to severity of symptoms\[^{7, 8 & 9}\]. In conventional system, analgesics (NSAIDs) are used to manage primary dysmenorrhoea and if they are ineffective, suppression of ovulation with a low-dose estrogen/progestogen oral contraceptive is tried. However, about 10 percent of affected women do not respond to these measures\[^{3, 4 & 8}\]. A case reported was a 23 year old female suffering from severe primary dysmenorrhoea. Homoeopathic medicine Sepia 200C was prescribed on basis of totality of symptoms and repertorization. Her symptoms were much reduced within first cycle and by the third month she was completely relieved of her suffering. This case provides documentary evidence about the effectiveness of homoeopathic treatment in severe primary dysmenorrhoea.

KEYWORDS: Case Report, Homoeopathy, Primary Dysmenorrhoea, Sepia.

INTRODUCTION

Dysmenorrhoea is defined as painful menstruation of sufficient magnitude so as to incapacitate the day-to-day activities.\[^{11}\] It is the most common gynaecologic disorder and one
of the most common causes of pelvic pain in women. The prevalence rate of dysmenorrhea vary widely (16.8% to 81%), and estimates as high as 90% have been reported.[2]

Dysmenorrhea can be classified as: primary (spasmodic) dysmenorrhea and secondary (congestive) dysmenorrhea. Primary dysmenorrhea typically starts in adolescence six to twelve months after painless periods of menarche, with peak prevalence occurring in the late teens or early twenties and cannot be explained by structural gynaecological pathology. Secondary dysmenorrhea begins in the 20s or 30s unless due to congenital malformations and is secondary to other pelvic pathology such as PID, endometriosis or uterine fibroids.[3,4 & 5]

The incidence of primary dysmenorrhea is about 15-20 percent; it is almost always confined to ovulatory cycle. The pain usually begins when menses start (or just before) and persists for the first 1 to 2 days. The pain of primary dysmenorrhea is described as spasmodic. It is superimposed over background of constant lower abdominal pain, which may radiate to the back or thigh. The patients may also complain of malaise, fatigue, nausea, vomiting, diarrhea, or headache[4, 5]. Increased production of endometrial prostaglandin, resulting in increased uterine tone and stronger, more frequent uterine contractions have been documented in women suffering from primary dysmenorrhea. These frequent dysrhythmic uterine contractions, reduced uterine blood flow, and increased peripheral nerve hypersensitivity induce pain[7, 8].

Published literature indicates that nearly 5 to 15% of women suffering with primary dysmenorrhea, report debility and interference with as well as impairment of daily activities[4, 5, 6 & 10]. Absenteeism from work and school has been commonly reported (5% to 14% are often absent owing to the severity of symptoms)[11]. This absence from school or work due to severity of symptoms often lead to poor academic/ or work performance[7, 8, 9 & 10]. Feelings of irritability and depression during pain lead to poor social interaction. Thus, severe primary dysmenorrhea has physical, psychological, and social consequences and lead to significant disruption in quality of life[10].

In conventional system, analgesics (NSAIDs) are used to manage this condition. Analgesics that act as prostaglandin synthetase inhibitors are usually started 24 to 48 hour before and continued until 1 or 2 days after menses begin[7]. Published literature indicates that different formulations of NSAIDs have similar efficacy and nearly 67% of women achieve pain relief.
However, NSAIDs have known side effects including nausea, vomiting, and/or diarrhoea. Women with a history of gastroduodenal ulcer, gastrointestinal bleeding, or gastroduodenal perforation are advised to avoid pain killers[12].

Low-dose estrogen/progestogen oral contraceptives are tried if NSAIDs are found ineffective. OCPs inhibit ovulation and thus cause painless bleeding. There is lack of high quality RCT evidence demonstrating pain improvement with the use of OCPs over placebo. However, smaller RCTs report response rates as high as 80%. Although combined OCPs may also confer other health benefits such a reduction in the risk of endometrial and ovarian cancers; several adverse effects such as headache, nausea, abdominal pain, bloating, anxiety, weight gain, and acne have been reported with their use. In rare cases serious health problems, such as venous thrombosis, heart attack, and stroke have also been reported. Women who are already at higher risk of these conditions are generally advised to avoid oral contraceptives[13, 14].

In all, 10-20% of women with primary dysmenorrhoea do not respond to treatment with NSAIDs or oral contraceptives[3, 4, 8 & 14]. In addition, there are known side effects and contraindications to these treatments. Therefore there is a need to explore effectiveness of alternative methods of treatment for this condition. This case provides documentary evidence about the effectiveness of homoeopathic treatment in severe primary dysmenorrhoea. 

**CASE REPORT**
A female patient aged 23 years reported at the OPD with complaint of dysmenorrhoea since last 8 years. Her symptoms included crampy pain lower abdomen with nausea and vomiting that started 3-4 hours before start of menses and lasted for the next 14-15 hours.

**History of present illness**
Her complaints started 7-8 months after menarche at the age of 15 years. Crampy pain in lower abdomen and nausea started 3-4 hours before start of menstrual period and continued for the next 14-15 hours. Pain in lower abdomen was followed by pain in lower back. Nausea aggravated when menses began and was followed by profuse perspiration on abdomen than shivering of hands and legs with general heat of body. This was followed by vomiting every 20-30 minutes. There was feeling of restlessness with numbness of hands, feet and coldness of whole body after each episode of vomiting.
Her nausea was aggravated by smell of food. Though she felt hungry, she was afraid to eat during dysmenorrhoea on account of this. She could only take few sips of plain water or glucon D; any larger amount taken at a time lead to vomiting. There was also feeling of fullness and incomplete evacuation of stools during menses.

Her menstrual cycle was 26-30 days and this lead to considerable anxiety to the patient. She could not go out for study/work at all and spent 2-3 days completely lying on bed disinterested in anything talking, eating or doing any work.

The patient had been prescribed Ipecac, Colocynth, Gels, Kali Phos, Mag Phos in different potencies before present consultation without any relief in her complaints. There was a history of frequent hospital admissions during menses with analgesic injections and intravenous infusion of normal saline.

**Past history**
The patient was a LBW baby, weighted 2 Kg at birth in a FTVD, had neonatal jaundice and was admitted in neonatal ICU for 12 days. Her mother had developed hypertension during pregnancy and was under medication. Her milestones were normal. Vaccination was done on time and uneventful.

She had history of repeated upper respiratory infections and repeated ankle sprains.

**Family History**
Father has type 2 diabetes, mother is hypertensive.

**Physical Generals**
Thermal reaction- Towards cold
Appetite- Reduced, disinclination to eat generally and particularly during menses
Digestion- Week feels full on eating small amounts
Thirst- Reduced, hardly one litre per day, disinclination to drink water, had to remind herself
Stool- Constipation with hard stools and sensation of incomplete evacuation especially during menses. The patient had haemorrhoids with occasionally bleeding per rectum.
Urine- Normal
Sleep- The patient did not feel refreshed in morning
Sweat- Sweat was profuse on abdomen, inodorous.
Gynaecological History
Menarche- at the age of 15 years
Cycle/ duration- 26-30 days/ 5 days
Flow was normal

Physical Examination- Her BP was 110/60 and pulse rate was 68/minute regular. Pallor was evident from face and conjunctiva. Her weight was 45 Kg and height was 165cm. No further abnormalities were detected on a brief examination.

Lab and Ultrasonography reports
On laboratory investigations her haemoglobin was 8 g/dL and her ultrasonography abdomen report was normal.

Treatment protocol
The patient was reassured about the absence of structural gynecologic pathology. She was also advised balanced nourishing diet and increase in her water intake. A single suitable homeopathic remedy was prescribed on basis of totality of symptoms and repertorisation.

Medicine prescribed
Sepia 200C was prescribed and repeated every week, early morning empty stomach.

Follow up and outcome
First month follow up- The menstrual period started on 30th day. There was slight pain at lower abdomen, nausea and disinclination to eat before start of menses that lasted for 3-4 hours. Pain increased when flow began, the patient vomited twice till next morning. She only took water, avoided eating anything as she feared that vomiting might aggravate. There was nausea but no vomiting next day. She took liquid diet the next day. The patient continued to have constipation with feeling of unsatisfactory, incomplete evacuation. All other symptoms were better.

Second month follow up- The menstrual period started on 30th day. There was discomfort at lower abdomen before start of menses that lasted for 3-4 hours. The patient vomited twice till next morning. She could take water and small amount of soup in dinner. There was nausea but no vomiting next day. Constipation and other symptoms were better.
Third month follow up- The menstrual period started on 30th day. There was mild discomfort at lower abdomen before start of menses that lasted for 2-3 hours. There was nausea but no vomiting. She could take water, rice and lentils. There was no nausea or vomiting next day. Constipation and other symptoms were better.

Fourth month follow up- Menses started on time. There was mild discomfort at lower abdomen before start of menses. There was nausea but no vomiting on the first and second day of menses. She could take light food. All symptoms were better.

Fifth month follow up- Menses started on time. There was mild discomfort at lower abdomen before start of menses. There was no nausea or vomiting. Patient ate well during menses. All symptoms were better.

Sixth month follow up- Menses started on time. There was mild discomfort at lower abdomen before start of menses. There was no nausea or vomiting. Patient ate well during menses. All symptoms were better.

DISCUSSION
Homoeopathic material medica and repertories were extensively studied to find the “Homoeopathic similimum” suitable for this case.

The medicines mentioned for spasmodic dysmenorrhea in Complete Repertory were as follows with their gradation:
Chapter- Female genitalia
Rubric- Menses: Painful, dysmenorrhea: convulsive, spasmodic, neuralgic
Grade 1 remedies- Aco, Agar, Cham, Coff, Coll, Cupr, Gink, Glon, Gnaph, Ham, Hedeo, Juni-c, Lach, Lil-t, Lith-c, Mag-m, Sant, Senec, Sep, Tanac, Verat-v, Vib-o
Grade 3 remedies- Bell, Caul, Cimic, Gels, Nux-v, Puls, Sabin, Sec, Uza, Vib, Xan
Grade 4 remedies- Mag p

Rubrics taken for repertorization[15, 16 & 17]
1. Indifference, menses before (Complete repertory, chapter Mind)
2. Indifference, menses during (Complete repertory, chapter Mind)
3. Vomiting, Menses: Beginning of (Complete repertory, chapter Stomach)
4. Vomiting, Menses: During (Complete repertory, chapter stomach)
5. Menses: During (Kent repertory, chapter Perspiration)
6. Weakness, menses after (Complete repertory, chapter Generalities)
7. Perspiration, Abdomen (Murphy repertory, chapter Abdomen)
8. Dysmenorrhoea, painful menses: Convulsive, spasmodic, neuralgic (Murphy repertory, chapter Female)
9. Dysmenorrhoea, painful menses: Nausea, and vomiting with (Murphy repertory, chapter Female)

**Repertorial result**[15, 16 & 17]

- Sepia 12/8
- Veratrum album 11/5
- Phosphorus 11/4
- Sulphur 9/5
- Nux Vomica 9/4
- Cocculus 8/3
- Ipecacuana 8/3
- Pulsatilla 7/3

Out of above medicines, Sepia was most similar to this case. The chief sphere of action of Sepia is abdomen and pelvis, especially in women and has been described as “one of the most important uterine remedies”. Homoeopathic texts describe Sepia for irregular menses and bearing down labour like pain in pelvis with uterine complaints. The patient is thin and complains of fatigue, weakness, and significant loss of appetite with pallor of face (cachectic, yellow face). There is general weakness and desire to lie down in bed with complaints, feels she would faint otherwise. Flashes of heat with perspiration and faintness associated with pelvic symptoms. Pains extend from other parts to the back. Irritable, easily offended, tearful with uterine complaints. “Contrary to her usual habit, becomes indifferent to her occupation, her house work, her family or their comfort, even to those whom she loves the best”. Sensation of emptiness in stomach in connection with uterine symptoms but thought or smell of food nauseates. There is heaviness ("sense of weight or a ball") in the rectum during menses not relieved by passing stool. The patient is chilly and feels cold even in warm room. Sepia symptoms as described by Dr. William Boericke, Dr. H.C. Allen and Dr. E.B. Nash match with the patient[18, 19, and 20]. Therefore, Sepia was considered suitable for prescription on basis of physical constitution, totality of symptoms and repertorization. The medicine was given in 200C potency and repeated every week, early morning empty stomach.
The work up of this case gives insight into the patient specific individualized treatment offered by Homoeopathy. The six month follow up of the case indicate that Homoeopathy has a positive role in making irregular menstrual cycle of the patient regular, relieving suffering of primary dysmenorrhoea and thus improving quality of life of the patient.

CONCLUSION
This case provides documentary evidence about the effectiveness of homoeopathic treatment in severe primary dysmenorrhoea. Homoeopathic medicine prescribed on basis of totality of symptoms and repertorisation has positive role in management of severe primary dysmenorrhoea. However, suitably designed study with bigger sample size for extended time period is suggested for further validation of above findings.

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REFERENCES
9. Davis A R. Primary Dysmenorrhea in Adolescent Girls and Treatment with Oral
Contraceptives. Available at http://www.jpagonline.org/article/S1083-3188(00)00076-
0/fulltext. Accessed on 20.03.17.
13. Proctor M L, Roberts H, Farquhar C M. Combined oral contraceptive pill (OCP) as
treatment for primary dysmenorrhoea. Cochrane Database Syst Rev 2001; (2):
CD002120.
14. American College of Obstetricians and Gynecologists. ACOG practice bulletin no. 110:
218.
2008.
India, 2004
17. Zanvoort R V. The Complete Repertory. Institute for Research in Homoeopathic
Information and Symptomatology, Leidschendam, The Netherlands.1996.
18. Boericke W. Boericke's New Manual of Homeopathic Materia Medica with Repertory:
Delhi, 2010.
19. Allen H C. Allen’s Keynotes Rearranged and Classified with Leading Remedies of the
20. Nash E B. Leaders in Homoeopathic Therapeutics. B. Jain Publishers (P) Ltd, New Delhi,
2013.