

## HEALING THE HIDDEN PAIN: HOMEOPATHY FOR MENSTRUAL HARMONY

By

Prof. Dr. Nurus Saher Khan<sup>1\*</sup>, Dr. Y. Asha<sup>2</sup>, Dr. Roshni Internee<sup>3</sup>, Dr. Peddakotla Ajay Internee<sup>4</sup>, Dr. P. Naveen Naik Internee<sup>5</sup>, Dr. G. Akash Internee<sup>6</sup>, Dr. S. Alikya Rani Internee<sup>7</sup>, Dr. S. Chennaiah Internee<sup>8</sup>, Dr. Mohd Faisal Furqan<sup>9</sup>

<sup>1</sup>Head of the Department of Obstetrics and Gynaecology, Under Kaloji Narayana Rao University of Health Sciences Warangal, Telangana State. Hamsa Homeopathy Medical Collage Hospital & Research Centre , Ksheerasagar ( V ) , Mulugu ( M ) , Siddipet Dist. Telangana State

<sup>2,3,4,5,6,7,8,9</sup>Hamsa Homeopathy Medical College Hospital & Research Centre, Ksheerasagar ( V ) , Mulugu ( M ) , Siddipet Dist . Telangana State , Under Kaloji Narayana Rao University of Health Sciences Warangal, Telangana State



### Abstract

*Dysmenorrhea, commonly known as painful menstruation, is a prevalent gynaecological condition affecting a large proportion of adolescent girls and women of reproductive age. It is characterized by cramping pain in the lower abdomen occurring before or during menstruation and may be associated with symptoms such as nausea vomiting, headache, fatigue, irritability and backache. Dysmenorrhea is classified into primary dysmenorrhea, which occurs in the absence of pelvic pathology and secondary dysmenorrhea, which is associated with underlying disorders such as endometriosis or uterine abnormalities. The condition significantly interferes with daily activities academic performance and quality of life*

*From a homeopathic perspective, dysmenorrhea is viewed as a manifestation of an individual's constitutional imbalance rather than merely a localized uterine disorder. Homeopathic management emphasizes individualized treatment based on the totality of symptoms, including physical, emotional and mental characteristics. Remedies such as Phosphorus, Magnesia phosphorica, Pulsatilla, Colocynthis and Sepia are frequently indicated depending on symptoms presentation. Homeopathy aims to provide gentle, safe and holistic relief by addressing the root cause and improving overall health. This approach may help reduce the intensity and frequency of menstrual pain and enhance the quality of life without significant adverse effects.*

**Keywords:** *Dysmenorrhea, Phosphorus, Homeopathy, uterine contractility, menstrual pain, individualization.*

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### Introduction

Painful menstruation is a frequent complaint encountered in gynaecological practice and represents a major cause of distress among women during their reproductive years. Dysmenorrhea not only produces physical suffering but also affects emotional well being and social functioning. Although conventional treatments provide symptomatic relief, many patients continue to experience recurrent pain or adverse effects from long term medication use. This has increased interest in individualized therapeutic approaches such as homeopathy, who aim to address the underlying susceptibility rather than merely suppress symptoms.

In homeopathy, dysmenorrhea is considered a manifestation off a deeper constitutional disturbance rather than purely local uterine disorder. The homeopathic approach emphasizes individualization and remedy selection based on the totality of symptoms, including physical, mental and emotional characteristics. Treatment aims to restore the balance of the vital force and enhance the body's natural healing capacity. Homeopathic remedies are selected according to symptom similarity and are believed to provide safe and effective relief in dysmenorrhea without significant adverse effects.



## AIMS

To evaluate the effectiveness of homeopathic medicines in the management of dysmenorrhea among women of reproductive age.

## OBJECTIVES

1. To study the clinical features of dysmenorrhea in women.
2. To evaluate the role of individualized homeopathic remedies in relieving menstrual pain.
3. To assess the improvement in associated symptoms such as nausea, vomiting, fatigue and headache.
4. To analyse the response to homeopathic treatment over a specified period.
5. To improve quality of life in patients suffering from dysmenorrhea.

## MATERIALS AND METHODS

**STUDY DESIGN:** This study is a single case clinical observation documenting the homeopathic management of Polycystic Ovarian disease. The case was evaluated and treated accordingly to the individualized principles of homeopathy based on the totality of symptoms.

**CASE TAKING AND CLINICAL ASSESSMENT:** A detailed case history was obtained following classical homeopathic case-taking methods, including mental generals and particular symptoms. Physical examination and systemic evaluation were performed to assess the patient's general health status.

General physical examination, vital signs assessment and systemic examination were carried out to rule out other associated systemic abnormalities.

**REPERTORISATION:** The totality of symptoms obtained from case taking was converted into repertorial rubrics and analysed using Kent's repertory.

The repertorisation process identified the most appropriate remedy by analysing the correlation between the selected rubrics and the remedies listed in the repertory.

## REVIEW OF LITERATURE

### DEFINITION

Dysmenorrhea literally means painful menstruation. But a more realistic and practical definition includes cases of *painful menstruation of sufficient magnitude so as to incapacitate day to day activities.*<sup>[1]</sup>

### Types :

- Primary
- Secondary

## PRIMARY DYSMENORRHEA

It is defined as painful menstruation without any obvious pelvic pathology.

**INCIDENCE:** It is a common condition which may be seen in 50% postpubertal women during 18-25 years of age. However, 20% women have severe primary dysmenorrhea needing treatment.<sup>[2]</sup>

## ETIOLOGY

1. **Prostaglandin theory :** It occurs due to excessive or imbalanced amount of prostaglandin secreted from the endometrium during menstruation. They cause dysthymia and increased uterine contractions within increased basal tone and increased active pressure.<sup>[2]</sup>
2. **Role of vasopressin and endothelial:** Increased vasopressin secretion from posterior pituitary has been observed in patients of primary dysmenorrhea during menstruation. Vasopressin causes dysmenorrhea through increase in uterine contractility directly and also increases prostaglandin synthesis.

Endothelia level have also been observed to be high in primary dysmenorrhea which also causes myometrial ischemia and increased uterine contractility.<sup>[2]</sup>

3. **Neurogenic factors :** There may be increased action of sympathetic nerves in women with dysmenorrhea through increased contractility of circular myometrium fibres of isthmus and internal os.<sup>[2]</sup>
4. **Psychosomatic factors :** Like anxiety, tension which are common in adolescent girls may play role in primary dysmenorrhea.
5. **Anatomical factors :** Like uterine anomalies can also cause primary dysmenorrhea through unequal myometrial contractility.<sup>[2]</sup>
6. **Role of chemicals:** Like leukotrienes and platelet activating factor ( PAF ) has been suggested as the cause of vasoconstriction and increased myometrial contractility.<sup>[2]</sup>

## CLINICAL FEATURES

1. Pain after onset of menstruation and lasts for 48- 72 hours resembling labor pain with suprapubic cramps.
2. Associated with Lumbosacral backache and pain radiates to the anterior thigh.
3. Associated symptoms as vomiting, headache, malaise, diarrhoea and fainting attacks.
4. There may be uterine tenderness on examination.<sup>(2)</sup>

## SECONDARY DYSMENORRHEA

Secondary dysmenorrhea is a cyclic menstrual pain occurs in association with underlying pelvic pathology. Pain usually occurs in premenstrual phase due to congestion, increased tension and increased vascularity in the pelvic organs.<sup>(2)</sup>

**ETIOLOGY:** The various causes of secondary dysmenorrhea are as follows :

1. **Endometriosis :** It is the most common cause of secondary dysmenorrhea.
2. **Adenomyosis :** It is the second most common cause.
3. Non hormonal intrauterine devices ( e.g., copper T )
4. Pelvic inflammatory disease.
5. Subacute endometriosis.

6. Ovarian cysts.
7. Congenital uterine anomalies.
8. Cervical stenosis.
9. Uterine fibroid.<sup>(2)</sup>
10. Pelvic adhesions.
11. Endometrial polyp.
12. Pelvic congestion.
13. Ovarian dysmenorrhea due to congestion of right Ovarian vein pressing on ureter causing pain.<sup>(2)</sup>

## CLINICAL FEATURES

1. It usually develops after any years of menarche it starts before onset of Menses and may relieved with menstrual flow or may continue throughout the period.
2. A dull type of pain with no radiation.<sup>[2]</sup>
3. Abdominal uterine bleeding or unhealthy discharge<sup>[2]</sup>

## DIAGNOSIS OF DYSMENORRHEA

A thorough medical history that includes a clear description of the patient's symptoms, menstrual cycles and any related medical disorders is usually required in order to diagnose dysmenorrhea. One way to check for indications of pelvic inflammation, structural irregularities or pain is to do a pelvic examination. To check for underlying pelvic pathology, additional diagnostic procedures like laparoscopy, magnetic resonance imaging (MRI) or ultrasound may be advised in some circumstances.<sup>[2]</sup>

## TREATMENT FOR DYSMENORRHEA

Phosphorus is one of the remedy which can be given for dysmenorrhea with associated complaints like marked burning or cramping pain in the lower abdomen, where the pain radiated to the hips. Great weakness during menses and emotional sensitivity anxiety or fearfulness. Patients require Phosphorus are often are open, sympathetic and impressionable with tendency towards nervous exhaustion.<sup>[3]</sup>

## PATIENT CONSENT STATEMENT

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical information. The patient was informed that personal identifiers would not be disclosed and that all reasonable efforts would be made to maintain confidentiality. A copy of the written consents available for review by the editor of the journal upon request.

### A case study of dysmenorrhea:

#### Preliminary data

**Name:** Miss. WXYZ

**Age:** 21 Years

**Sex :** Female

**Address :**

**Occupation :** Student

**Case Registration No :**

**Date of visit (DOV) :**

#### PRESENTING COMPLAINTS :

A 21 year old female patient presented with the following complaints of 3 years duration :

- **Severe pain during menstruation**
- **Pricking type pain in lower abdomen and back**
- **Difficulty in sitting during pain episodes**
- **General weakness during menses**

**Location :** Lower abdomen and lower back.

**Modalities :** N/S

**Concomitants :** Vomiting during 1st day of Menses. Whatever the patient eats or drinks is being vomited during menses.

## HISTORY OF PRESENTING COMPLAINTS

The patient is healthy 3 years back but gradually developed painful me menstruation which is associated with Pricking type of pain in lower abdomen and lower back and difficulty while sitting during pain episodes. Along with vomiting first day of Menses, anything which sheets or drinks is being vomited out.

**PAST HISTORY:** No significant last medical history.

**FAMILY HISTORY :** No relevant family history.

- **Appetite :** Moderate
- **Thermals:** Chilly patient
- **Menstrual history :** Menarche at age of 13 , regular cycle for 28 days ; duration 4-5 days ; flow normal for 3 days ; dark red blood with clots, mainly on first day of Menses

## LIFE SPACE INVESTIGATION

Patient hails from a middle class family, she's a graduate student and really active in studies and household activities and works. She worries about her exams and studies.

## GENERAL PHYSICAL EXAMINATION

- Patient is well oriented to time, place and people.
- Moderately built and well nourished.
- No signs of :
  1. Pallor
  2. Clubbing
  3. Jaundice
  4. Cyanosis
  5. Oedema
  6. Lymphadenopathy

### VITAL SIGNS:

- **Pulse :** 78 beats per minute, regular rhythm
- **Blood pressure :** 130/70 mmHg (right arm, sitting position )
- **Respiratory rate :** 16 breaths per minute.
- **Temperature :** Afebrile at the time of the examination.

**DIAGNOSIS:** Dysmenorrhea

**TOTALITY OF SYMPTOMS:**

- Anxiety about exams.

- Painful menstruation.
- Pricking type of pain at lower abdomen and lower back.
- Associated with vomiting on 1st of Menses.
- Anything she eats or drinks is being vomited out.
- Couldn't sit during menses due to pain.

#### Homeopathic medications for dysmenorrhea:

1. **Borax** causes membranous dysmenorrhea, with early, profuse menstruation, colic, nausea and stitching pains in the pectoral region, accompanied by sterility.<sup>[6]</sup>
2. **Bromium** can cause membranes dysmenorrhea, violent abdominal spasms, premature red blood flow, exhaustion and hard swelling in the Ovarian region.<sup>[4]</sup>
3. **Cimicifuga** is a remedy for dysmenorrhea characterized by pain in the lower abdomen, typically starting on the first day of menstruation and persisting until the flowcharts. It addresses both mental and physical symptoms aggravated by menstrual flow.<sup>[4]</sup>
4. **Collinsonia** is a condition characterized by severe dysmenorrhea, convulsions, womb pain, cardiac nerve irritation and suppressed menstrual return after heart trouble has subsided<sup>[4]</sup>
5. **Ipecacuanha** is a natural remedy for painful periods with nausea and vomiting, causing persistent nausea in the lower abdomen, cutting pain in the uterus and heavy bright red bleeding during periods.<sup>[6]</sup>
6. **Kali carbonicum** is a medication prescribed for menstrual pain in the lower abdomen, back and hips, causing severe backache that worsens with walking. Relief can be achieved through sitting or back pressure.<sup>[5]</sup>
7. **Lachesis** can cause PMS symptoms like irritability, jealousy, depression, headache and heat flushes. It can also cause severe cramps due to clothing pressure. It's better from open air, cold drinks and talking, but worse from sleep and heat<sup>[4]</sup>
8. **Magnesia Phosphoricum** is a common remedy for menstrual issues, often seen in women with dark periods. This is the typical picture of a woman with her period, doubled up with a hot water bottle or heating pad pressed firmly against stomach. It involves hot baths, pressure and lying on the right-side, with cold drinks being the third option<sup>[6]</sup>
9. **Pulsatilla** individuals are easily suppressed by wet feet or bathing, with Irregular & changeable menstrual cycles. They are weepy, changeable, shy, dependent and crave nurturing, love and attention. They are thistles, crave creamy things, and prefer warm environments over warm ones<sup>[5]</sup>
10. **Sabina** experiences severe cramps, pain and blood mixed with dark clots, shooting pain up the vagina and prefers lying flat on the back with extended limbs.<sup>[6]</sup>

11. **Sepia** is a condition characterized by a weak uterus, late, scanty, Irregular or profuse menstruation, violent vaginal stitches, low sex drive, anger fatigue, chilly, irritable and over worked mood. It can be improved by exercise and better with warmth.<sup>[6]</sup>
12. **Veratrum album** symptoms include heavy periods, severe cramps, diarrhoea, vomiting, chillies cold sweat, weakness, exhaustion, fainting and may desire ice water.<sup>[5]</sup>
13. **Viburnum opulus** is a remedy that causes sudden uterine pain before menstruation, backache during menstruation and Spasmodic dysuria in Hysterical individuals.<sup>[6]</sup>

#### RUBRICS SELECTED <sup>[7]</sup>

- | S.N | RUBRIC   |
|-----|--|
| 1.  | <b>MIND</b> – Anxiety - pg.no : 04   |
| 2.  | <b>STOMACH</b> - Vomiting – eating – after - pg.no : 533                           |
| 3.  | <b>STOMACH</b> – Vomiting - drinking – after - pg.no : 532                         |
| 4.  | <b>STOMACH</b> – Vomiting -Menses- during - pg.no : 534                            |
| 5.  | <b>FEMALE GENITALIA</b> – Menses- painful – dysmenorrhea - pg.no : 727             |
| 6.  | <b>FEMALE GENITALIA</b> – Pain- stitching- Menses-during - pg.no : 742             |
| 7.  | <b>FEMALE GENITALIA</b> - Metrorrhagia- dark blood – clots – mixed with pg.no :730 |
| 8.  | <b>FEMALE GENITALIA</b> - Pain – uterus – Menses at beginning - pg.no : 734        |
| 9.  | <b>BACK</b> – Pain – Menses- during - pg.no : 896                                  |
| 10. | <b>GENERALITIES</b> – Motion – agg - pg.no : 1374                                  |
| 11. | <b>GENERALITIES</b> - Cold – in general – agg - pg.no : 1378                       |
| 12. | <b>GENERALITIES</b> - Weakness enervation – Menses- during - pg.no 1417            |

#### REPERTORIAL RESULT:

Remedy	Total marks	Rubrics covered
<b>Phosphorus</b>	22	9
<b>Sulphur</b>	21	9
<b>Lycopodium</b>	20	11
<b>Calacarea Carb</b>	19	10
<b>Belladonna</b>	19	9
<b>Kali carbonica</b>	19	9
<b>Arsenic album</b>	19	8

The repertorial result indicated **Phosphorus** as the most suitable remedy covering the maximum number of Rubrics and totality of symptoms.

#### SELECTION OF REMEDY WITH JUSTIFICATION

After repertorisation, the final selection of the remedy was made by correlating the repertorial result with the materia medica description from Kent's Repertory

The remedy Phosphorus was selected based on the following characteristic indications:

- Vomiting during menses after eating or drinking.
- Painful menstrual cycle .
- Pain in the lower abdomen during menses at the beginning.
- Lower back pain during menses.
- Weakness and exhaustion during menses.

**PRESCRIPTION:**

*Phosphorus - 200c – 3 doses .  
Followed by placebo for 1 month*

**ADVICE:**

- Advised to avoid coffee and other stimulant drinks
- Advised to take iron content Food daily .
- Advised to drink more water and always stay dehydrated.

**FOLLOW UP:**

DATE FINDINGS	CLINICAL ASSESSMENT
18-01-2025	Pain in the abdomen is slightly decreased. <b>Improvement.</b>
23-02-2025	Pain in the abdomen and lower back decreased. <b>Marked improvement.</b>
28-03-2025	Decrease in severity and duration of pain. <b>Marked improvement.</b>
30-04-2024	Better tolerance during menstrual cycle. <b>Recovery.</b>

**CONCLUSION**

This case highlights the effective role of individualized homeopathic treatment in the management of dysmenorrhea. The remedy Phosphorus selected based on the totality of symptoms and reportorial analysis, resulted in significant clinical improvement within a short period. The case demonstrates that homeopathic management may provide a safe, non – invasive therapeutic approached in cases of dysmenorrhea.

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**CONFLICT OF INTREST**

Authors declare no conflict of interest.

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# A Study Of Menstrual Irregularities In Adolescent Age Group And Its Homeopathic Approach

Dr. Nurus Saher Khan<sup>1</sup>, Dr. Fatimunnisa<sup>2</sup>, Dr. G. Gnyana Soujanya<sup>3</sup>,  
Dr. M. Spoorthy<sup>4</sup>

## 1. Dr. Nurus Saher Khan

Principal, Professor & HOD, Department of Obstetrics And Gynecology, Hamsa Homeopathy Medical College, Hospital & Research Centre, Telangana, India.

## 2. Dr. Fathimunnisa

Assistant Professor, Department of Obstetrics & Gynaecology, Hamsa Homeopathy Medical College, Hospital & Research Centre, Telangana, India.

## 3. Dr. G. Gnyana Soujanya

BHMS, Hamsa Homeopathy Medical College, Hospital & Research Centre, Telangana, India.

## 4. Dr. M. Spoorthy

BHMS, Hamsa Homeopathy Medical College, Hospital & Research Centre, Telangana, India.

## I. ABSTRACT

### 1.1 Objective

To identify the extent of menstrual disorders and relation to various aspects of life in 100 women of age group 16 - 20 years.

### 1.2 Materials and Methods

Data is collected using questionnaire on demographics, medical history, personal habits, academic performance and menstrual pattern.

### 1.3 Results

5% menorrhagia , leucorrhoea 10% ,amenorrhea 26 % ,premenstrual syndrome 10% , oligomenorrhea 9% ,dysmenorrhoea 9% ,PCOD 12% , metrorrhagia 4% . Irregular cycles have significant association with BMI and medical history.

### 1.4 Conclusion

Adolescent period in women can be quite difficult especially in view of menarche; understanding of menstruation and facing menstrual disorders. It needs preparation which is lacking in India. Menstrual education should be included in school study curriculum. Awareness should be increased about menstrual disorders, hygiene, personal habits and support should be given during menstruation in schools to avoid skipping of schools and to decrease academic stress during periods and medical help should be taken.

## II. INTRODUCTION

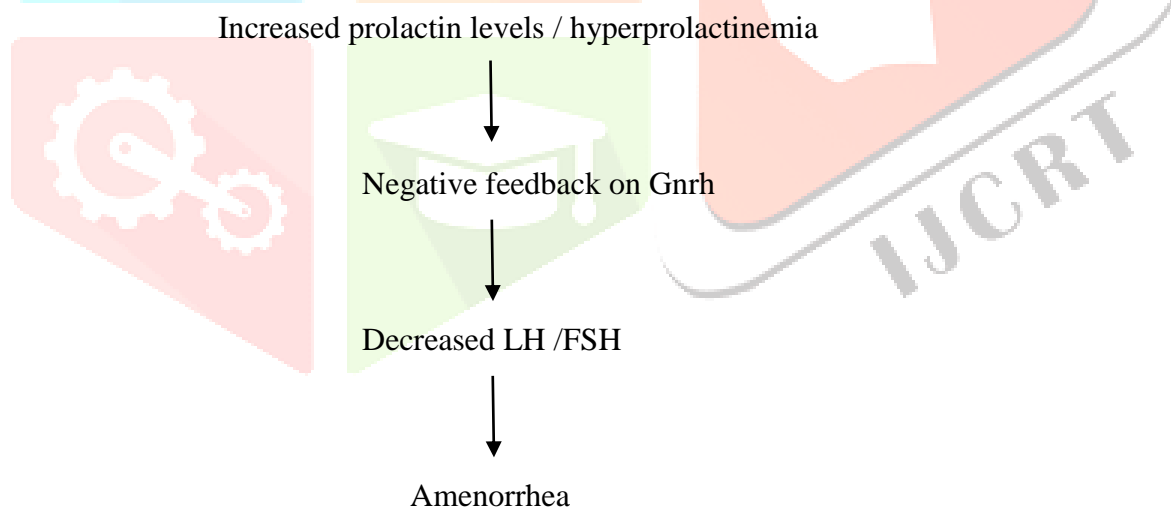
Menarche is the age at puberty at which first menstruation occurs usually at the age of 11–14 years. Demographics, medical history, environmental conditions, geographical location affects the menarcheal age and menstrual pattern.<sup>1,2</sup> Menstrual cycle is natural changes that occurs in the endometrium of the uterus due to the hormones produced by endocrine glands in pituitary and follicles in ovary. It lasts from 2-7 days during which bleeding occurs from uterus. The duration, flow can be affected by factors such as thyroid, PCOD, hypertension, abnormal BMI, stress and nutritional deficiency etc.<sup>3</sup> Any abnormal changes that occurs during menstruation are referred to as menstrual disorders. Types of menstrual disorders include,

### 2.1 Premenstrual syndrome

Prior to every menstrual cycle, some women undergo psychological fluctuations (mood swing) as well as physical discomforts such as abdominal pain, headache, breast tenderness, anger, irritability, back pain, leg cramps, depression, weight gain, sleeping difficulty, itching and redness that interferes with daily activities. When such symptoms are seen prior to periods then they are termed as Premenstrual Syndrome (PMS).<sup>4</sup>

### 2.2 Amenorrhea

Absenteeism of menstrual periods for more than 3 months, may be of two types physiological (before onset of puberty, during menopause, during pregnancy, after menopause or pathological amenorrhea (disturbance of hypothalamo – pituitary ovarian – uterine axis, psychological disturbance). It consists of primary and secondary amenorrhea.



### 2.3 Primary Amenorrhea

No menstruation by age 14 in the absence of secondary sexual characters or no menstruation by age 16 regardless of secondary sexual characters.<sup>5</sup> Should check for delayed puberty,

Causes – depending upon serum FSH : 1) Hypergonadotropin, 2) Hypogonadotropin, 3) Eugonadotropin.

### 2.4 Secondary Amenorrhea

Normal periods followed by absence of period at least for 6 months.(6) or more in woman with previous normal menstruation patterns in the absence of pregnancy and lactation.

Mostly seen in PCOD.

## 2.5 Dysmenorrhea

Cramping pain accompanying menstruation. It can be described as clinical varieties,

- 1) Spasmodic dysmenorrhoea - Cramping type of pain seen mostly in first 2 days of menstruation
- 2) Congestive dysmenorrhoea - Increasing pelvic discomfort and pelvic pain few days before start of menstruation mainly due to PID, IUCD .
- 3) Membranous dysmenorrhoea – Endometrium shed as a cast at the time of menstruation .

### 2.5.1 Primary Dysmenorrhoea

Painful menstruation with no evident hormonal or anatomical pathology. Affects more than 50% postpubescent women in the age group of 18 -25 years with ovulatory cycles.

### 2.5.2 Secondary Dysmenorrhoea:

Painful menstruation which has a demonstrable cause. Like fibroids, adenomyosis, PID, endometriosis.

## 2.6 Menorrhagia:

Defined as cyclic bleeding at normal intervals, the bleeding is either excessive in amount (> 80ml)/duration(>7 days)/both. In general, normal endometrium secretes 2 types of prostaglandins,

- 1) PF<sub>2</sub> alpha – acts as a vasoconstrictor , start constricts the blood vessels - flow stops.
- 2) PE<sub>2</sub> – acts as a vasodilator.

Causes: Coagulopathy, Tuberculosis, Adenomyomas, Ovarian cysts, IUCD.

## 2.7 Polymenorrhoea:

Frequent episodes of menstruation at intervals of 21 days or even less.

## 2.8 Oligomenorrhoea:

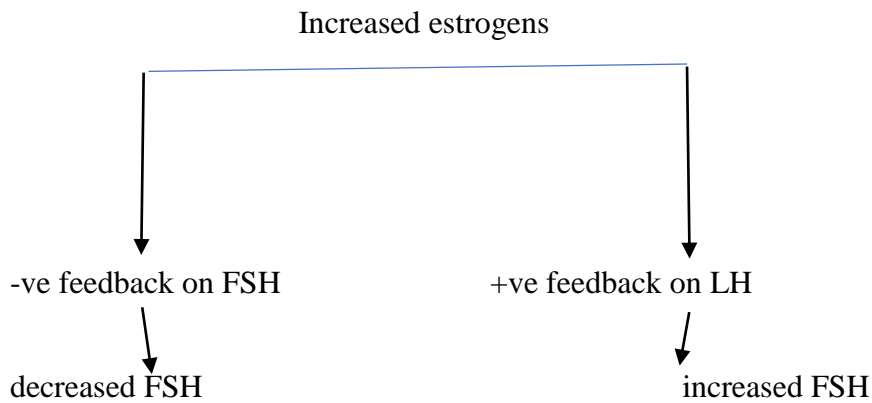
Infrequent and irregularly timed episodes of bleeding usually occurring at intervals of more than 35 days.

## 2.9 Metrorrhagia:

Irregularly timed episodes of bleeding superimposed on normal cycle bleeding.<sup>7</sup>

## 2.10 PolycysticOvarianSyndrome(PCOS):

PCOD is a hormonal disorder which is very common, affecting 5 to 10% women causing enlarged ovaries with small cysts on the outer surface of ovary. It is characterized by obesity, acne, excessive hair growth, insulin resistance, metabolic disorders and menstrual irregularities which can further lead to complications such as dyslipidemia, type 2 diabetes mellitus, infertility, cardiovascular disease, endometrial cancer and affect quality of life.<sup>8,9</sup> In India menstruation is considered a stigma. Menstruation is less spoken openly in families and among people in schools. This lack of knowledge regarding menarche, menstruation and menstrual hygiene has significant impact on physical and psychological burden on young women. Features include Hirsutism, Male pattern baldness, Increased LDH and decreased HDL.



### III. RESEARCH METHODOLOGY:

#### 3.1 Objective

To identify various menstrual problems in females of age group 16 to 20 years and the homoeopathic remedies efficacy in treating and curing them.

#### 3.2 Materials and methods, Study design, place and duration:

Cross sectional survey study conducted in Pragnapur government degree college, Gajwel for 2 months.

#### 3.3 Study population

100 female students of age 16 to 20 years.

#### 3.4 Methodology

The purpose of the study was explained to the girls and informed consent was obtained for participation in the study. Self made survey questionnaire based on socio-economic data, menstrual education, symptoms during menstrual cycle, PMS, pain scale, food habits, academic stress, physical activity and medical history were collected from girls of age 16 to 20 years.

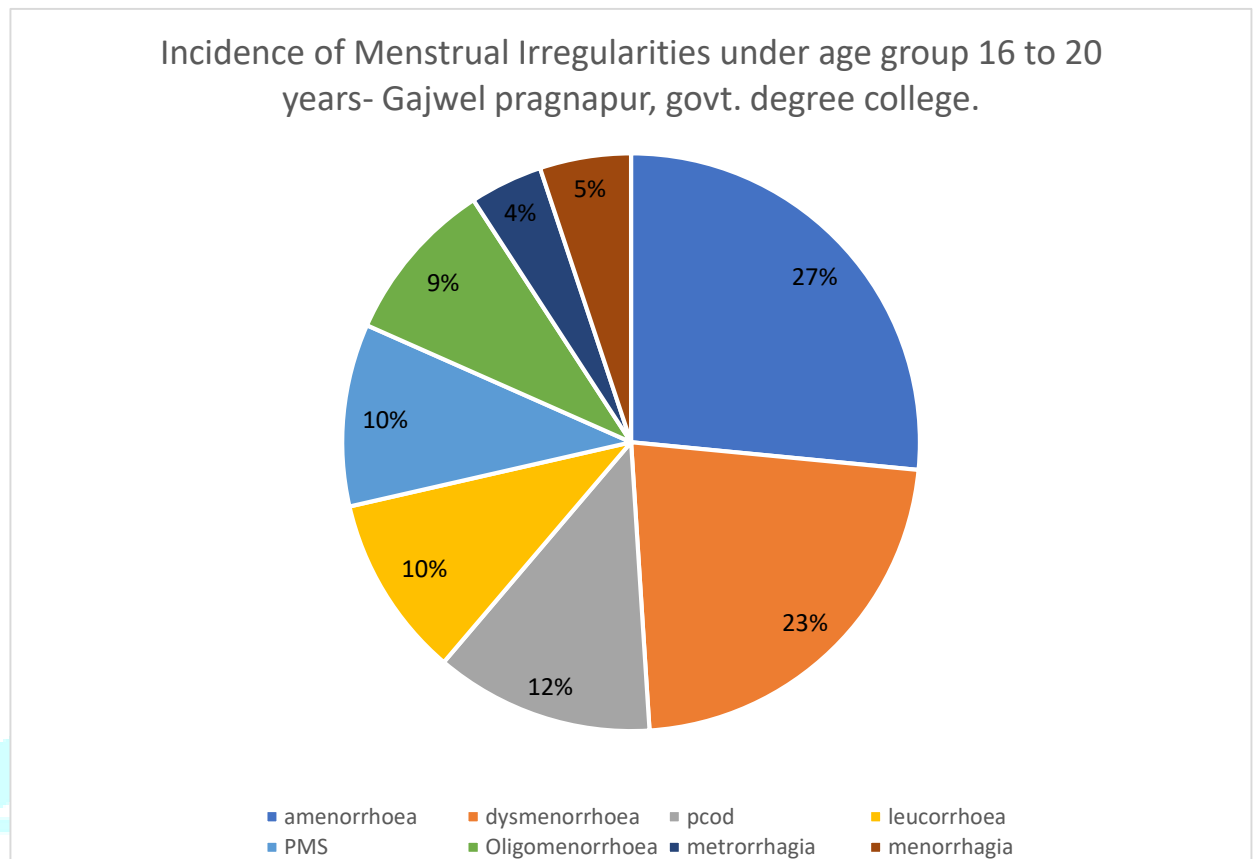
#### 3.5 Inclusion criteria

Young female's students aged 16 to 19 years who were willing to participate in the study.

#### 3.6 Exclusion criteria:

Females above the age of 20 years and females below the age of 16 years.

### 3.7 Pie chart presentation of menstrual irregularities in adolescent age group.(fig 3.7.1)



**Figure: 3.7.1**

## IV. HOMOEOPATHIC THERAPEUTICS

### 4.1 Pulsatilla

Debility. Too late, scanty, thick, dark, clotted discharge. Changeable, intermittent flow. Chilliness, nausea, painful & intermittent flow. Pain in back, tired feeling. Diarrhoea during or after menses. Leucorrhoea-acrid, burning, creamy. Hot patient. General modalities: aggravation from eating after, heat, eating rich fat food, evening, lying on painless side. Amelioration is from open air, cold food and drinks.

### 4.2 Natrum mur

Irregular menses, usually profuse, dry vagina with watery and acrid leucorrhoea. Bearing down pains, worse in morning.

Prolapse of uterus with cutting pains in urethra. Ineffectual labour pains. Suppressed menses. Hot during menses. Hot patient. General modalities: aggravation by noise, warm room, lying down, consolation. Amelioration by open air, cold bathing, pressure.

### 4.3 Arsenicum album

Menses too profuse and too soon. Burning in the ovarian region. Pain as if red hot wires. Worse on least exertion. Causes great fatigue. Better in warm room. Mostly indicated in menorrhagia. Stitching pain in pelvis extending down the thighs. Leucorrhoea with acrid type, burning, offensive, thin. Chilly patient. General modalities- aggravation by mid day to mid night, wet weather, cold things. Amelioration by heat, head elevated, warm drinks.

#### 4.4 Ferrum phos

Menses early every 3 weeks. Pain during coition. Vaginismus. Vagina dry and hot. Bearing down sensation with pain in the vertex region. Hot patient. General modalities- aggravation by night, 4 to 6 PM, touch, motion, right side. Amelioration by cold application.

#### 4.5 Sulphur

Itching of pudenda with burning in vagina. Much offensive perspiration. Menses too late, short, scanty, thick, black, acrid making parts sore. Menses preceded by headache. Burning and excoriating leucorrhoea. Cracked, smarting of nipples. Hot patient. General modalities- Aggravation by rest, standing, warmth of bed. Amelioration by dry warm weather, lying on the right side.

#### 4.6 Nux vomica

Menses too early lasts too long always irregular. Blood black in colour with faint spells. Dysmenorrhoea with pain in sacrum and constant urging to stool. Inefficient labour pains, extending to rectum with desire to stool and frequent urination. Metrorrhagia with sensation as if bowels wanted to move. Chilly patient. General modalities – aggravation by morning, after eating, dry weather, cold exposure. Amelioration by rest, wet weather, strong pressure.

#### 4.7 Magnesium phosphorum

Membranous dysmenorrhoea. Menses early, dark, stringy, flow at night leaving fast stain. Menstrual colic amelioration by flow. Swelling of external of parts. Electric cramping type of pain. Chilly patient. General modalities- aggravation by right side, cold, tough, night. Better by warmth, pressure, bending double.

#### 4.8 Belladonna

Dryness and heat of vagina. Menses are bright red, too early, too profuse. Cutting pain from hip to hip. Menses are very offensive and hot. Tumours of breast, breast feels heavy and hard. Hot patient. General modalities: aggravation from touch, noise, lying down, amelioration: semi erect.

#### 4.9 Calcarea carb:

Before menses headache, colic, chilliness, and leucorrhoea. Cutting pains in uterus during menstruation. Menses too early, too profuse, too long, with vertigo. Burning and itching of parts before and after menstruation. Increased sexual desire, easy conception. Hot swelling of breast. Breast tender and swollen before menses. Much sweat about genital organs. Sterility with copious menses. Chilly patient. General modalities: aggravation from exertion, mental or physical exertion, cold in every form, wet weather, amelioration – dry climate, weather, lying on painful side.

### V. CONCLUSION

Adolescent period in women can be quite difficult especially in view of menarche, understanding of menstruation and facing menstrual disorders. It needs preparation which is lacking in India. Family was the first informant regarding menstruation in case of 75% of study group. Educational television programs, school teachers, health care personnel's can play an important role in transmitting message regarding menstruation, menstrual health management and menstrual hygiene products. Menstrual education should be included in school study curriculum.<sup>10</sup>

Skipping school during periods can be avoided if medical support can be given during menstruation in schools and to decrease academic stress during periods. Medical aid should be sought in those who have menstrual disorders and irregular cycles.

Physical activity like yoga can be effective in treating different menstrual issues. Maintenance of healthy BMI should be encouraged. Homoeopathic remedies have very effective action in treating and curing menstrual disorders. Life style modifications like cessation of smoking, alcohol and maintaining healthy BMI, limited coffee intake can help in reducing menstruation disorders.

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