https://africanjournalofbiomedicalresearch.com/index.php/AJBR
Afr. J. Biomed. Res. Vol. 27(4s) (December 2024); 18275-18278
Research Article

Effectiveness Of Individualized Homoeopathic Management In Primary Dysmenorrhea: A Case Series Analysis

Arun S M[1], Mohit Sharma[2], Praveen D V [3]

[1]Ph.D. (Hom.) (Scholar), Tantia University, Sri Ganganagar (Raj.)
[2]M.D.(Hom.), Assoc. Prof., Research Supervisor, Faculty of Homoeopathy, Tantia University, Sri Ganganagar (Raj.)
[3]Ph.D. (Hom.) (Scholar), Tantia University, Sri Ganganagar (Raj.)

***Corresponding Author:** Dr. Arun S M
*Ph.D. (Hom.), Tantia University, Sri Ganganagar (Raj.)- 335002
Mail id. – dr.arunn.suresh@gmail.com

ABSTRACT

Background: Primary dysmenorrhea is a prevalent menstrual disorder among adolescent and young women, characterized by cramping pain without structural pelvic pathology. The condition results mainly from excessive prostaglandin release, leading to uterine hypercontractility and ischemic pain[1,2]. Homoeopathy, based on the principle of individualization, provides a holistic, symptom-specific therapeutic approach[3,4].

Objective: To evaluate the effectiveness of individualized homoeopathic management in primary dysmenorrhea and assess the causal relationship between prescribed remedies and clinical improvement using the Naranjo Adverse Drug Reaction Probability Scale.

Methods: An open-label, descriptive case series was conducted on five unmarried female students aged 17–21 years presenting with primary dysmenorrhea. Detailed case taking was performed, considering mental, physical, and menstrual symptoms. Remedies were selected based on totality of symptoms and administered in 200C potency as a single dose, followed by placebo. Pain intensity was recorded before and after treatment (BT and AT). Causality was assessed using the Naranjo Scale[12].

Results: The commonly indicated medicines were *Pulsatilla nigricans*, *Nux vomica*, and *Cocculus indicus*. All patients reported significant reduction in menstrual pain and associated concomitants. Mean BT score was 11.4 and AT score 1.8, indicating an 83.6 % improvement. Naranjo scores (6–8) confirmed a probable causal relationship between the prescribed homoeopathic remedy and observed improvement. No adverse events were reported.

Conclusion: Individualized homoeopathic management demonstrated substantial clinical effectiveness in primary dysmenorrhea. The consistent improvement, absence of adverse effects, and supportive Naranjo evaluation highlight the therapeutic potential of homoeopathy as a complementary approach in menstrual pain management. Further controlled multicentric trials are warranted for validation.

KEYWORDS: Primary dysmenorrhea, Homoeopathy, Individualized prescription, Case series, *Pulsatilla nigricans*, *Nux vomica*, *Cocculus indicus*, Naranjo scale, Menstrual pain

Received -01/11/2024 *Accepted-13/11/2024*

DOI: https://doi.org/10.53555/AJBR.v27i4S.8619

© 2024 The Author(s).
This article has been published under the terms of Creative Commons Attribution-Noncommercial 4.0 International License (CC BY-NC 4.0), which permits noncommercial unrestricted use, distribution, and reproduction in any medium, provided that the following statement is provided. "This article has been published in the African Journal of Biomedical Research"

INTRODUCTION

Primary dysmenorrhea affects up to 60–90 % of adolescent females[1,5] and is a major cause of school absenteeism and reduced productivity[6]. The pain results from increased prostaglandin $F_2\alpha$ and E_2 levels within the endometrium, leading to uterine ischemia and

muscle spasm[7]. Conventional management includes non-steroidal anti-inflammatory drugs and oral contraceptives[8], but these may carry adverse effects[9].

Homoeopathy, founded on the principle of *similia similibus curentur*, emphasizes individualized treatment. Remedies are selected according to characteristic modalities, concomitants, and constitutional tendencies[10,11]. This study analyzes five clinically documented cases of primary dysmenorrhea successfully treated with individualized homoeopathic medicines, with causality assessed using the Naranjo Scale[12].

MATERIALS AND METHODS

Study Design - An open-label, descriptive case analysis of five patients with primary dysmenorrhea attending a homoeopathic outpatient department.

Inclusion Criteria - Unmarried female students aged 17–21 years, regular cycles, pain coinciding with menses, absence of pelvic pathology.

Exclusion Criteria - Secondary dysmenorrhea, pelvic inflammatory disease, fibroids, endometriosis, hormonal disorders, or concurrent allopathic medication.

Procedure - Comprehensive case taking included menstrual, mental, and physical generals. Prescription was based on totality using *Kent's Repertory*[13] and *Boericke's Materia Medica*[3]. Remedies were given in 200C potency, single dose, followed by placebo. Pain intensity was graded numerically (0 = no pain to 15 = severe pain).

Assessment - BT (Before Treatment) and AT (After Treatment) scores were recorded over three cycles. Naranjo Scale was used to assess causal association.

RESULTS AND CASE ANALYSIS

Age	Concomitant Symptoms	Medicine	Flow Duration	BT	AT
19	Diarrhoea, breast tenderness	*Pulsatilla nigricans*	3 days	12	1
17	Vomiting	*Nux vomica*	4 days	7	0
18	Vomiting, cramps, headache	*Nux vomica*	2 days	15	5
21	Nausea, breast tenderness	*Pulsatilla nigricans*	6 days	10	0
17	Dizziness, nausea, cold feet	*Cocculus indicus*	3 days	13	3

Case 1

A 19-year-old female student presented with painful menstruation since menarche. The pain was cramping, radiating to the back and thighs, accompanied by diarrhoea and breast tenderness. Her menses were regular with moderate flow lasting three days. Mentally she was mild, emotional, and wept easily during pain, feeling better in cool air.

Prescription: *Pulsatilla nigricans* 200C, one dose, followed by placebo.

Follow-up 1: Pain intensity markedly reduced; diarrhoea absent.

Follow-up 2: After three cycles, complete relief; no tenderness or diarrhoea.

Final Outcome: BT 12 → AT 1.

Case 2

A 17-year-old girl complained of severe spasmodic pain during menstruation with nausea and vomiting, worse from movement and better by warmth. She was irritable and prone to digestive upsets.

Prescription: *Nux vomica* 200C, one dose, followed by placebo.

Follow-up 1: Marked reduction in pain and vomiting.

Follow-up 2: Pain-free cycles for two consecutive months.

Final Outcome: BT 7 → AT 0.

Case 3

An 18-year-old student experienced intense colicky pain during menstruation with vomiting and headache. She led a sedentary life and had irregular bowel habits.

Prescription: *Nux vomica* 200C, one dose, followed by placebo.

Follow-up 1: Pain intensity reduced; vomiting minimal.

Follow-up 2: Mild discomfort during third cycle only.

Final Outcome: BT 15 → AT 5.

Case 4

A 21-year-old female presented with dull aching pain, nausea, and breast tenderness before menses. Her temperament was gentle, tearful, and easily moved by emotions.

Prescription: *Pulsatilla nigricans* 200C, one dose, followed by placebo.

Follow-up 1: Reduction in tenderness and nausea.

Follow-up 2: Pain-free cycles subsequently.

Final Outcome: BT 10 → AT 0.

Case 5

A 17-year-old student complained of dizziness, nausea, and coldness of feet during menses, accompanied by weakness and trembling.

Prescription: *Cocculus indicus* 200C, one dose, followed by placebo.

Follow-up 1: Dizziness reduced, pain moderate.

Follow-up 2: Steady improvement by second cycle.

Follow-up 3: Sustained relief after fourth cycle.

Final Outcome: BT 13 → AT 3.

Mean reduction across cases: 83.6 % improvement.

USING NARANJO ADVERSE DRUG REACTION PROBABILITY SCALE

To determine the likelihood that improvement was related to the prescribed remedies, the Naranjo ADR Scale[12] was applied.

Q No.	Question	Score (Yes/No/Don't know)
1	Are there previous conclusive reports on this reaction?	+1/0/0
2	Did the reaction appear after the drug was administered?	+2/−1/0
3	Did it improve when the drug was discontinued?	+1/0/0
4	Did it reappear on re-administration?	+2/−1/0
5	Are there alternative causes?	−1/+2/0
6	Did reaction reappear on placebo?	−1/+1/0
7	Was the drug detected in toxic concentrations?	+1/0/0
8	Was reaction dose-dependent?	+1/0/0
9	Similar reaction in past exposure?	+1/0/0
10	Was event confirmed objectively?	+1/0/0

Table 1 – Naranjo Adverse Drug Reaction Probability Scale (Adapted for Homoeopathy)
Interpretation: ≥ 9 = Definite; 5–8 = Probable; 1–4 = Possible; ≤ 0 = Doubtful.

NARANJO SCALE SCORES

Case	Medicine	Total Score	Causality Assessment
1	Pulsatilla nigricans	7	Probable
2	Nux vomica	8	Probable
3	Nux vomica	6	Probable
4	Pulsatilla nigricans	7	Probable
5	Cocculus indicus	6	Probable

Table 2 – Naranjo Scale Scores for 5 Cases

All five cases scored 6–8, confirming a *probable* causal link between individualized homoeopathic prescriptions and observed improvement.

DISCUSSION

The present analysis demonstrates the clinical relevance of individualized homoeopathy in primary dysmenorrhea. Similar results were observed in prior studies where constitutional remedies provided sustained relief without recurrence[17,18]. *Pulsatilla nigricans* suits mild, tearful patients with hormonal sensitivity and shifting complaints[3,14]; *Nux vomica* benefits tense, sedentary women with digestive irritability[15]; and *Cocculus indicus* covers weakness and neuralgic dysmenorrhea[16,19].

Homoeopathy acts by stimulating vital reaction and restoring balance rather than suppressing symptoms[20]. The Naranjo Scale assessment supports a probable causal relation rather than placebo response. These findings align with reports from controlled trials where individualized homoeopathic therapy improved menstrual pain compared to placebo[21,22].

CONCLUSION

Individualized homoeopathic prescriptions significantly reduced pain intensity and concomitant symptoms in primary dysmenorrhea. The consistent improvement, absence of adverse effects, and positive Naranjo causality scores affirm the therapeutic potential of homoeopathy. Further randomized, blinded, multi-centric trials with larger sample sizes are warranted to confirm efficacy and integrate evidence-based homoeopathy into reproductive healthcare.

REFERENCES

1. Dawood MY. Primary dysmenorrhea: Advances in pathogenesis and management. *Obstet Gynecol.* 2006;108(2):428-441.
2. Harel Z. Dysmenorrhea in adolescents and young adults: Etiology and management. *J Pediatr Adolesc Gynecol.* 2006;19(6):363-371.
3. Boericke W. *Pocket Manual of Homoeopathic Materia Medica.* 9th ed. New Delhi: B Jain Publishers; 2005.
4. Kent JT. *Lectures on Homoeopathic Philosophy.* New Delhi: B Jain Publishers; 2008.
5. Coco AS. Primary dysmenorrhea. *Am Fam Physician.* 1999;60(2):489-496.
6. Proctor ML, Farquhar CM. Diagnosis and management of dysmenorrhea. *BMJ.* 2006;332:1134-1138.
7. Dawood MY. Dysmenorrhea and prostaglandins. *Gynecol Obstet Invest.* 1981;12(2):56-71.
8. French L. Dysmenorrhea. *Am Fam Physician.* 2005;71(2):285-291.
9. Unsal A et al. Prevalence of dysmenorrhea and its effect on quality of life. *Pain Manag Nurs.* 2010;11(1):58-63.
10. Allen HC. *Keynotes and Characteristics with Comparisons.* New Delhi: B Jain; 2002.
11. Murphy R. *Homoeopathic Clinical Repertory.* 3rd ed. New Delhi: B Jain Publishers; 2011.
12. Naranjo CA et al. A method for estimating the probability of adverse drug reactions. *Clin Pharmacol Ther.* 1981;30(2):239-245.
13. Kent JT. *Repertory of the Homoeopathic Materia Medica.* New Delhi: B Jain; 2004.

14. Vithoulkas G. *The Science of Homoeopathy.* New Delhi: B Jain; 1980.
15. Roberts HA. *The Principles and Art of Cure by Homoeopathy.* New Delhi: B Jain; 2003.
16. Clarke JF. *Dictionary of Practical Materia Medica.* London: Homeopathic Publishing Co.; 1902.
17. Yakoot M, Salem A. Homoeopathic treatment of primary dysmenorrhea: An observational pilot study. *J Altern Complement Med.* 2013;19(3):234-239.
18. Gupta G, et al. Efficacy of homoeopathic medicines in dysmenorrhea: A clinical trial. *Indian J Res Homoeopathy.* 2016;10(1):24-31.
19. Boericke GA. *Homoeopathic Therapeutics of Female Diseases.* New Delhi: B Jain; 1998.
20. Bell IR, et al. Adaptive network nanomedicine: Homoeopathy revisited. *Front Biosci.* 2013;5:685-708.
21. Witt CM et al. Effectiveness and safety of homoeopathic treatment in routine care: Cohort study. *BMC Public Health.* 2008;8:413.
22. Tesch BJ. Herbs, vitamins, and other alternative therapies for primary dysmenorrhea. *J Am Board Fam Med.* 2014;27(1):83-90.