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Role of constitutional homoeopathic treatment in primary dysmenorrhea: A case report

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Abstract

Dysmenorrhea is the most common gynecological problem among females. Primary dysmenorrhea refers to one that is not associated with any identifiable pelvic pathology. It affects more than 50% postpubescent women in the age group of 18-25 years with ovulatory cycles. A 26 years old unmarried Hindu female reported with the complaints of pain in the lower abdomen and thighs before and during menses since menarche. She could not go to office during first day of menses. Abdominal and pelvic examination did not reveal any abnormal findings and Visual Analog Scale was used for assessment of pain. A complete case history was taken and on the basis of individualization, Natrum muriaticum was given. This case justifies the Kent's 11th observation i.e. 'When old symptoms are observed to reappear [6].' It shows the effect of constitutional homoeopathic medicine in the treatment of primary dysmenorrhea.

Keywords: Primary dysmenorrhoea, homoeopathy, natrum muriaticum, ignatia amara, sepia, radar 10.0

Introduction

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 [1]. It is the leading cause of gynecological morbidity in women of reproductive age regardless of age, nationality and economic status [3]. Thus the World Health Organization estimated that dysmenorrhea is the most important cause of chronic pelvic pain [4].

Etiology

Patients can be classified into groups for understanding the pathogenesis of this distressing condition [2]

Primary dysmenorrhea: refers to one that is not associated with any identifiable pelvic pathology. It affects more than 50% postpubescent women in the age group of 18-25 years with ovulatory cycles [2]

Secondary dysmenorrhea: refers to the one associated with the presence of organic pelvic pathology, i.e. fibroids, adenomyosis, Pelvic Inflammatory disease (PID) and endometriosis. It is also seen in some women wearing intrauterine contraceptive device (IUCD) and in cases of cervical stenosis [2].

Causes of pain in Primary dysmenorrhea (Spasmodic)

The mechanism of initiation of uterine pain in primary dysmenorrhea is difficult to establish. But the following are too often related –

- Mostly confined to adolescents.
- Almost always confined to ovulatory cycles.
- The pain is usually cured following pregnancy and vaginal delivery.
- The pain is related to dysrhythmic uterine contraction and uterine hypoxia.
- Psychosomatic factors of tension and anxiety during adolescence; lower the pain threshold.
- Abnormal anatomical and functional aspect of myometrium.
- Imbalance in the autonomic nervous control of uterine muscles.
- Role of Prostaglandins–In ovulatory cycles, under the action of progesterone;

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Prostaglandins are synthesized from the secretory endometrium. PGF2 alpha is a strong vasoconstrictor, which causes ischemia (angina) of the myometrium.

- Role of Vasopressin- There is increased vasopressin release during menstruation in women with primary dysmenorrhea. Vasopressin increases prostaglandin synthesis and also increase myometrial activity directly.
- Endothelins cause myometrial smooth muscle contractions, especially in the endomyometrial functional zone [1].

Clinical Features

Primary dysmenorrhea is widely prevalent, more than 50%

of teenagers and 30 to 50% of menstruating women suffer from varying degree of discomfort. The severe incapacitating type which interferes with a women’s daily activities affect only 5 to 15% of the population. Its prevalence is higher amongst the more intelligent and sensitive working class women. Both the local and systematic symptoms are apparently the result of increased levels of PGF2 alpha in the menstrual fluid. This results in uterine cramping, nausea, vomiting, backache, diarrhea, giddiness, syncope and fainting. It is responsible for the highest incidence of absenteeism, resulting in loss of work hours and economical loss [2].

Clinical Differentiating Features between Primary and Secondary Dysmenorrhea- [1]

S.no.	Primary Dysmenorrhea	Secondary Dysmenorrhea
1.	Mostly in adolescents	Elderly / Parous women
2.	Confined to ovulatory cycle	Pain starts 7 to 10 days before the onset of menstruation
3.	No identifiable pelvic pathology	Secondary to pelvic pathology
4.	Pain starts with the onset or just before the menses	Pain starts 7 to 10 days before the onset of menstruation. Intermenstrual period not completely free of pain.

Case

A 26 years old unmarried Hindu female belonging to middle socio- economic status reported at Swasthya Kalyan Homoeopathic Medical College and Research Centre, Sitapura, Jaipur on September 09, 2017 with the complaints of pain in the lower abdomen and thighs before and during menses since menarche but increased since last few months. Her LMP was 08 September 2017. She used to take painkillers (meftal spas) during first 3 days of menses. She could not go to office during first day of menses. The character of pain was spasmodic. Pain was ameliorated by warm applications (Hot water bag) and taking rest.

Clinical Findings: Her LMP was 08/09/17. Abdominal and pelvic examination did not reveal any abnormal findings. Patient complained of unbearable pain in lower abdomen and thighs. On Visual Analogue Scale, she ranked pain 9.

Past History: She had difficulty in breathing in 2010. She used inhalers and took steroids for the same complaints for one year. After suppression of respiratory complaints, she developed urticaria and angioedema. She took allopathic treatment with temporary relief.

Physical Generals: Patient used to take extra salt in food. She had unrefreshing sleep. Thermal reaction of the patient was hot. She was thirst less in spite of dryness of the tongue.

Mental Generals: She did not like company. She was responsible, she took responsibilities seriously. She was bike-rider. Her way of talking was mannish. She wore shirts and jeans only. She did not want to marry. She had an aversion to men and to physical relations. She used to say that she was different from other girls. Whenever she was upset, she did not like consolation.

Analysis

Mind

- Her way of talking was mannish.
- She used to take responsibilities seriously.
- She had an aversion to men and physical relations.
- She did not want to marry.
- She used to say that she was from different from other girls.
- She did not like company. She wanted to be alone.
- She did not like consolation.

Physicals

- Thirst less with dryness of the tongue.
- She used to take extra salt in food.
- Hot patient.
- Unrefreshing sleep.

Particulars

- Spasmodic Pain before and during menses.
- Painful menses ameliorated by warm application.

Evaluation

- Her way of talking was mannish.
- She used to take responsibilities seriously.
- She had an aversion to men
- She had an aversion to physical relations.
- She used to say that she was from different from other girls.
- She did not like company. She wanted to be alone.
- She did not like consolation.
- Thirst less with dryness of the tongue.
- She used to take extra salt in food.
- Unrefreshing sleep.
- Spasmodic Pain before and during menses.
- Painful menses ameliorated by warm application.

Repertorization

me (1161184295) untitled This analysis contains 468 remedies and 12 symptoms. Intensity is considered		nat-m. calc. puls. sep. plat. carc. phos. bell. ign. ars. staph. agar.											
Sum of symptoms (sort:deg)		1	2	3	4	5	6	7	8	9	10	11	12
		10	8	6	6	6	6	5	5	5	5	5	5
		22	11	13	12	8	7	11	9	9	7	7	5
01. MIND - MANNISH - girls; mannish looking	1 7	2	-	-	-	1	-	-	-	-	-	1	-
02. MIND - AVERSION - men; to [= male persons]	1 5	1	1	3	-	-	-	-	-	-	-	-	-
03. FEMALE GENITALIA/SEX - COITION - aversion to	1 78	3	-	-	3	1	-	2	1	1	-	1	1
04. MIND - RESPONSIBILITY - taking responsibility too seriously	1 26	1	1	1	-	-	1	-	-	1	1	-	-
05. MIND - EXCLUSIVE, too	1 6	1	1	-	-	1	1	-	-	-	-	-	-
06. MIND - COMPANY - aversion to	1 252	4	1	2	3	2	1	1	2	3	1	3	1
07. MIND - CONSOLATION - agg. - sympathy agg.	1 17	2	1	-	2	2	1	-	2	3	1	-	-
08. STOMACH - THIRSTLESS - accompanied by - Tongue; dryness of	1 9	2	1	3	-	-	-	1	-	-	-	-	-
09. GENERALS - FOOD and DRINKS - salt - desire	1 115	4	2	-	1	-	2	4	-	-	-	1	1
10. FEMALE GENITALIA/SEX - MENSES - painful - spasmodic	1 23	-	-	2	1	-	-	-	2	-	-	-	1
11. FEMALE GENITALIA/SEX - MENSES - painful - warmth - amel.	1 10	-	-	-	-	-	-	-	-	-	2	-	-
12. SLEEP - UNREFRESHING	1 286	2	3	2	2	1	1	3	2	1	2	1	1

Fig 1: Repertorization sheet (Synthesis Treasure Edition from RADAR 10.0) [5]

Repertorial Analysis

Following medicines came on Repertorization-

1. Natrum Muriaticum-22/10
2. Calcarea Carbonica-11/08
3. Pulsatilla-13/06
4. Sepia - 12/06
5. Platina - 08/06

Potential Differential Field

As patient was hot, so Calcarea carbonica and Sepia were ruled out. Natrum muriaticum has aversion to company, coition, marriage, desire for salt, aggravation from consolation, mannish in nature, takes responsibility too seriously. So the best chosen indicated remedy was Natrum

muriaticum.

Treatment and management

On the basis of miasmatic background of the disease and comparing the medicines of repertorial result with the help of material medica, Natrum muriaticum was selected as Constitutional medicine. Natrum muriaticum 200 single dose stat was prescribed by placebo in the form of globules of 30 size. I prescribed Magnesium phosphorica 30/3 doses SOS along with Natrum muriaticum. I advised her to use hot water bag and to avoid Meftal spas or any kind of pain-killers and psychological counselling was done.

Follow up

Date	Follow up	Pain Score on VAS	Prescription
16/09/17	LMP- 08/09/17. She did not take any pain killers but she took Magnesium phosphoricum 30 / 2 doses. Swelling of eyelids and lips appeared.	-	Rubrum 30/3 for 21 days.
09/10/17	LMP- 08/10/17 Swelling of eyelids and lips disappeared.	7.5	Magnesium Phosphoricum 30/3 doses SOS Rubrum 30/3 for 1 month.
06/11/17	LMP-04/11/17 She had to take Magnesium phosphoricum 30/ 1 dose.	6.5	Rubrum 30/3 for 1 month
04/12/17	LMP-01/12/17 She did not take Magnesium phosphoricum 30, She could easily tolerate the pain. Intensity of pain was decreased.	4.5	Rubrum 30/3 for 1 month
06/01/17	LMP-01/01/18	4	Rubrum 30/3 for 1 month
05/02/18	LMP-01/02/18 Slight pain occurred. First time she wore Kurti with legging. I was surprised.	2.5	Rubrum 30/3 for 1 month

	First time she was emotionally attached with boy and wanted to marry with him.		
28/03/18	LMP-28/03/18 Pain increased.	4	Magnesium phosphoricum 30/1 dose stat Natrum muraticum 200/1 dose on 02/04/18 for 14 days
04/04/18	She was mentally disturbed. She was absorbed in thoughts. Her boyfriend's grandfather demanded 90 lakhs in dowry. She was hurt too much and she denied to marry. She was in silent grief. She was sighing. Gasping for breath. Suffocated feeling. Pain in both ankles.	-	Ignatia 1 M / single dose stat Rubrum 30 /3 for 7 days.
13/04/18	Suffocated feeling. She was absorbed in thoughts.	-	Ignatia 10 M / single dose stat Rubrum 30 /3 for 14 days.
25/04/18	LMP - 23/04/18 No pain during menses Better feeling in all complaints. But respiratory complaints reappeared which occurred in 2010. Had to take inhaler 1 time on 17/04/18. I advised her to avoid inhaler as I knew the selection of medicine was correct according to the Kent's 12 observations and Hering's law of cure.	0	Rubrum 30/3 for 21 days.
17/05/18	Better in all complaints.	-	Rubrum 30/3 for 30 days.
19/06/18	LMP- 21/05/18 No pain during menses. She was doing her daily activates easily and properly.	0	Rubrum 30/3 for 1 month.
17/07/18	LMP- 23/06/18 No pain occurred during and before menses. Loose motion since last night. She took 2 samosa yesterday. No thirst. Aversion to loneliness.	0	Pulsatilla 30/3 doses Rubrum 30/3 for 7 days.
24/07/18	LMP- 21/07/18 No pain occurred during and before menses. Urticaria and angioedema occurred.	0	Natrum muriaticum 200/1 dose stat Rubrum 30/3 for 7 days.
31/07/18	No complaints	-	Rubrum 30/3 for 1 month.
13/08/18	LMP- 15/08/18 No pain occurred during and before menses. She became indifferent to her family. She was antagonizing with herself. She was suppressing her desires.	0	Sepia 30/1 dose stat Rubrum 30/3 for 7 days
22/08/18	Mentally better. Urticarial rashes appeared.	-	Rubrum 30/3 for 14 days.
25/09/18	LMP- 13/09/18, no urticarial rashes and other complaints	0	Rubrum 30/3 for 1 month.

Conclusion

Patient is still under observation and advised her to report in case of remission of complaints. This case shows the effective role of Homoeopathy in the treatment of primary dysmenorrhea. This case shows that how the constitutional remedy beautifully acts on the mental level. The patient had an aversion to men and did not want to marry. Now she got happily married on 12 May 2019. This case justifies the Kent's 11th observation i.e. 'When old symptoms are observed to reappear.'^[6] This case also shows the theory of individualization is very important for the effective Homoeopathic treatment.

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