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A survey study to know the impact of pre-menstrual syndrome on quality of life in women

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Abstract

Pre-Menstrual Syndrome (PMS) is a common yet often under-recognized condition affecting women of reproductive age. Characterized by physical, emotional, and behavioral symptoms occurring in the luteal phase of the menstrual cycle, PMS can significantly impair various aspects of daily functioning and overall well-being. Despite its prevalence, the broader impact of PMS on women's quality of life (QoL) remains insufficiently studied in many populations.

Keywords: PMS-premenstrual syndrome, luteal phase

Introduction

Premenstrual syndrome (PMS) describes a constellation of symptoms that occur during the late luteal phase of the menstrual cycle and remit after the menses. These include generalised fluid retention, sensation of abdominal bloating, breast enlargement and breast tenderness plus mood disturbance and food cravings. When the mood disturbances (depressed mood, tension, labile affect, irritability, reduced impulse control) are severe, the syndrome is designated as premenstrual dysphoric disorder (PMDD). Up to 75% of women report some premenstrual symptoms with approximately 10% suffering PMDD.¹ A recently published survey of UK prescribing data for PMS between 1993 and 19982 showed a general decrease in prescribing for this diagnosis, with progestogens, including progesterone, being the most widely prescribed, despite the lack of evidence demonstrating their efficacy. Selective serotonin re-uptake inhibitors (SSRIs), which were licensed for severe PMS/PMDD during this period, were the second most popular prescription. Vitamin B6 prescriptions dropped markedly, probably as a result of government recommendations on reduction of dosage. There is also a whole range of physical illnesses that are known to be affected by the menstrual cycle in females. Menstrual cycle-related exacerbation of conditions such as migraine, diabetes, asthma, epilepsy and irritable bowel syndrome (IBS) are well-recognised^{3, 4} and various therapeutic manipulations have been suggested, although none seem to have been the subject of definitive research.

Aims & Objectives

- **Aim of study:** A survey study to know the impact of pre-menstrual syndrome on Quality of Life of Women.
- **Objectives:** To Know the effect of pre-menstrual syndrome on quality of Life.

Methodology

Source of Data

An age group between 18 to 25 from the College of A. M. Shaikh Homoeopathic Medical College, Belagavi, were selected by using the questionnaire method. The questionnaire were developed with the help of literatures like textbooks, internet, self-formed.

Premenstrual Syndrome Scale: The scale which was developed by Gencdogan⁶, based on DSM-III and DSM IV-R in 2006, in order to measure the premenstrual symptoms and to determine the severity of PMS and which was underwent validation and reliability studies, is composed of 40 questions with subscale (Physiology, Psychology, Behavioural Symptoms). This 5-point Likert type scale consists of 40 items. The measurement of the scale are set according to the following scoring system: the response "Never" was scored as "1", "Rarely" as "2", "Sometime" as "3", "Very Often" as "4", and "Always" as "5" points.

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In addition, the score obtained from the sub-scales established the “PMS Total Score”. The scale’s lowest score is 40 and highest score is 200. If the scale’s total score reaches 80 points or above, this indicates the occurrence of PMS. Increases in the scores indicate and increase in PMS severity.

Method of collection of data

- **Study design:** Observational study
- **Type of research:** Observational Study

Duration of the study: 6 months

Inclusive criteria

1. Students of age group between 18 to 25 years (Unmarried Girls)

Exclusive criteria

1. Students of age group between 18 to 25 years other than that and married girls
2. Students who are having disease like PCOD/PCOS/CA Cervix/Uterine Fibroid/Endometriosis/Std's.

Materials used in study

Self questionnaire in google forms

A Survey study to know the impact of pre - menstrual syndrome on quality of life.

A.M. Shaikh Homeopathic Medical college and P.G Research Center, Belgavi.

Physiological symptoms

1. Acne

- Mild
- Moderate
- Severe
- None

2. Backache

- Mild
- Moderate
- Severe
- None

3. Headache/Migraine

- Mild
- Moderate
- Severe
- None

4. Abdominal cramp

- Mild
- Moderate
- Severe
- None

5. Breast tenderness

- Mild
- Moderate
- Severe
- None

6. Joint pain /Muscle spasm

- Mild
- Moderate
- Severe

- None

7. Weight gain

- Mild
- Moderate
- Severe
- None

8. Nausea/Vomiting

- Mild
- Moderate
- Severe
- None

9. Abdominal bloating

- Mild
- Moderate
- Severe
- None

10. Constipation

- Mild
- Moderate
- Severe
- None

11. Diarrhoea

- Mild
- Moderate
- Severe
- None

12. Dizziness/Fainting

- Mild
- Moderate
- Severe
- None

13. Palpitations

- Mild
- Moderate
- Severe
- None

Psychological Symptoms

1. Anxiety

- Mild
- Moderate
- Severe
- None

2. Mood Swings

- Mild
- Moderate
- Severe
- None

3. Irritability

- Mild
- Moderate
- Severe
- None
- 4.Confusion

- Mild
- Moderate
- Severe
- None

4. Depression

- Mild
- Moderate
- Severe
- None

5. Forgetful

- Mild
- Moderate
- Severe
- None

6. Panic Attack

- Mild
- Moderate
- Severe
- None

Behavioural symptoms

1. Fatigue

- Mild
- Moderate
- Severe
- None

2. Tiredness

- Mild
- Moderate
- Severe
- None

3. Insomnia

- Mild
- Moderate
- Severe
- None

4. Dyspareunia

- Mild
- Moderate
- Severe
- None

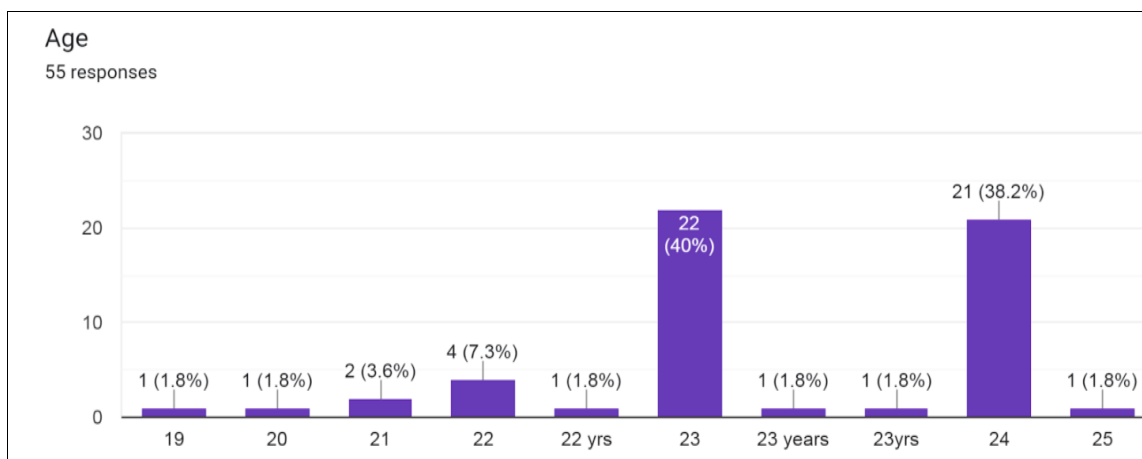
5. Crying

- Mild
- Moderate
- Severe
- None

Results

(Here the author(s) should be presented the clear and concise findings of the experiment/study. It should be written in past tense. The results should be given here without any references.)

Discussion and result



In the above piechart 40% of women are of 23years of age group and 38.2% are of 24 years of age group.

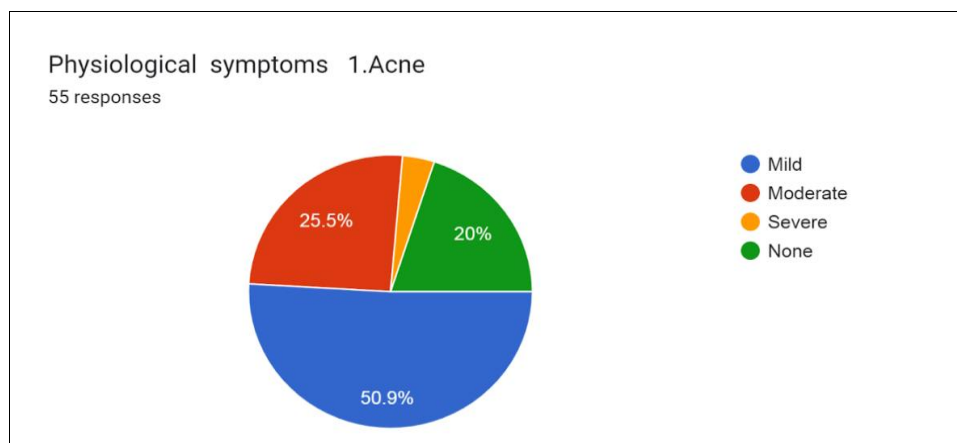


Fig 1: According to above pie chart 50.9% are having mild acne, 25.5% are having moderate

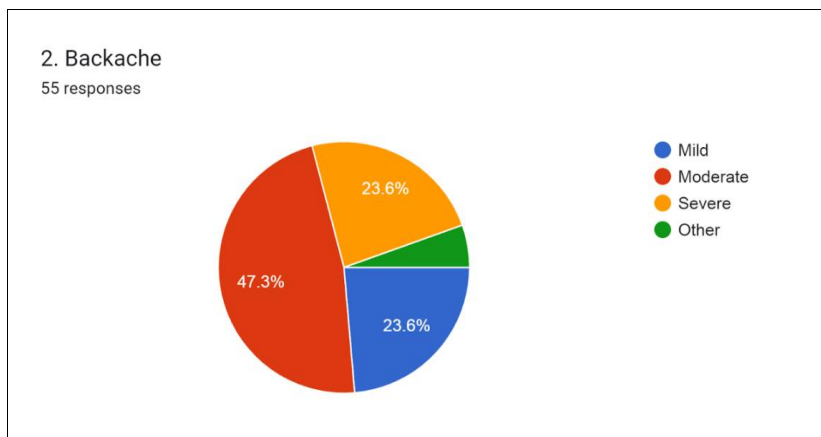


Fig 2: In the above pie chart 23.6% mild, 47.3% having moderate, 23.6% severe

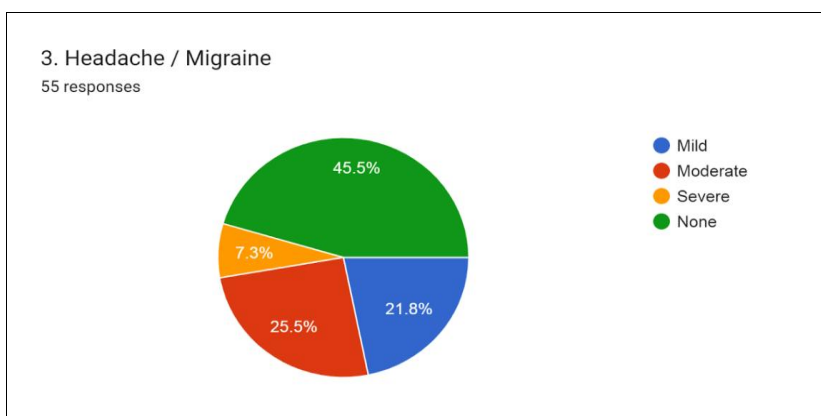


Fig 3: In above pie chart 21.8% mild, 25.5% moderate, 07.3% severe

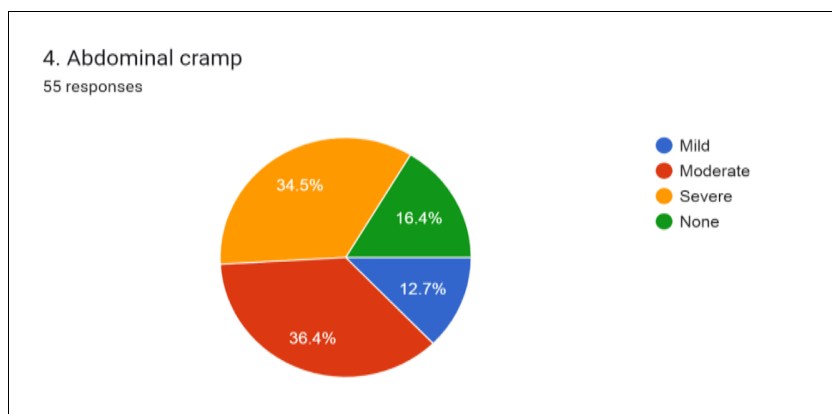


Fig 4: In above pie chart 12.7% mild, 36.4% moderate, 34.5% severe

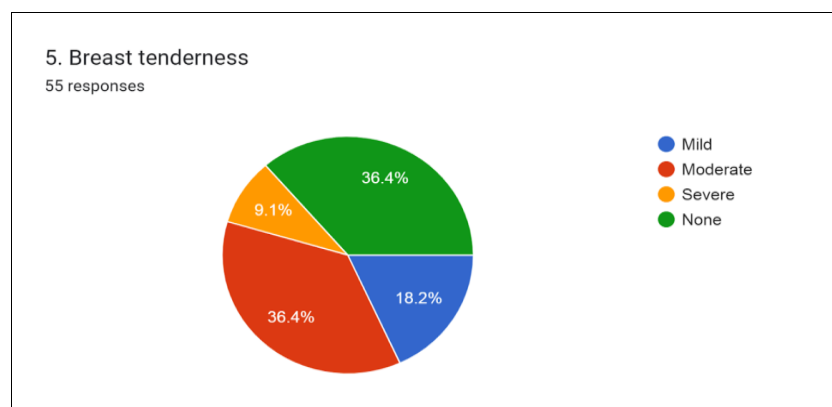


Fig 5: In above pie chart 18.2% mild, 36.4% moderate, 9.1% severe

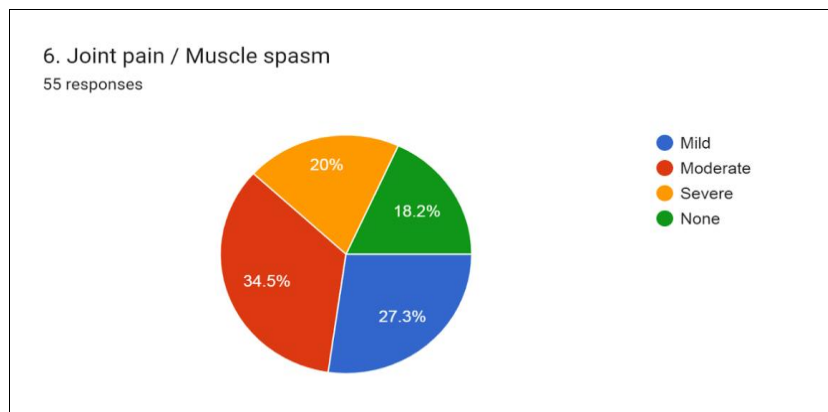


Fig 6: In above pie chart 27.3% mild, 34.5% moderate, 20% severe

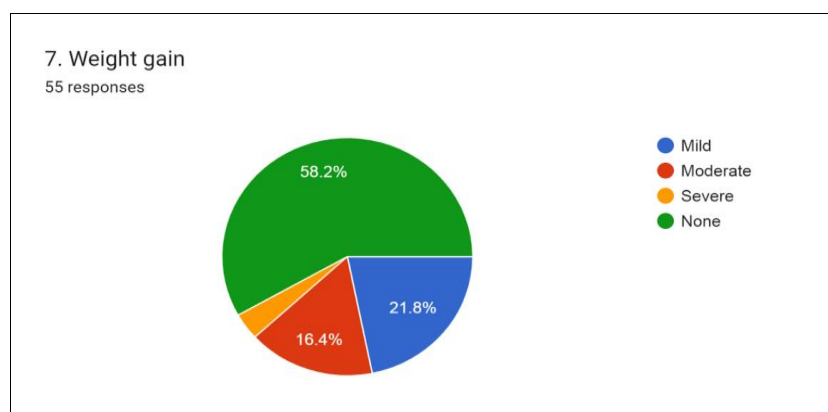


Fig 7: In above pie chart 21.8% mild, 16.4% moderate

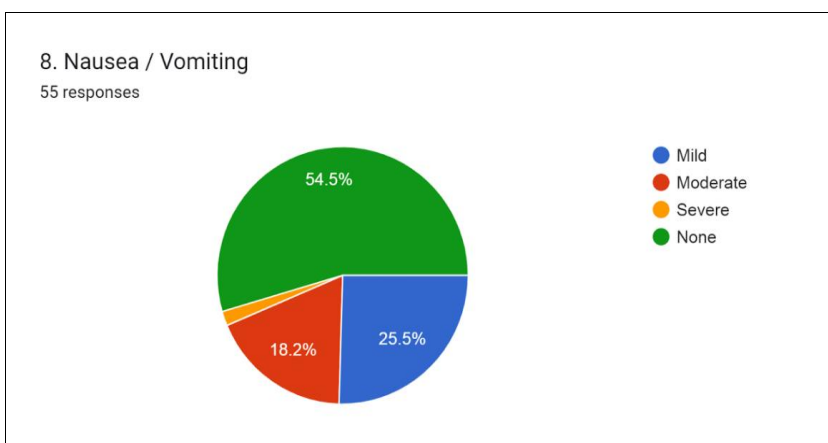


Fig 8: In above pie chart 25.5% mild, 18.2% moderate

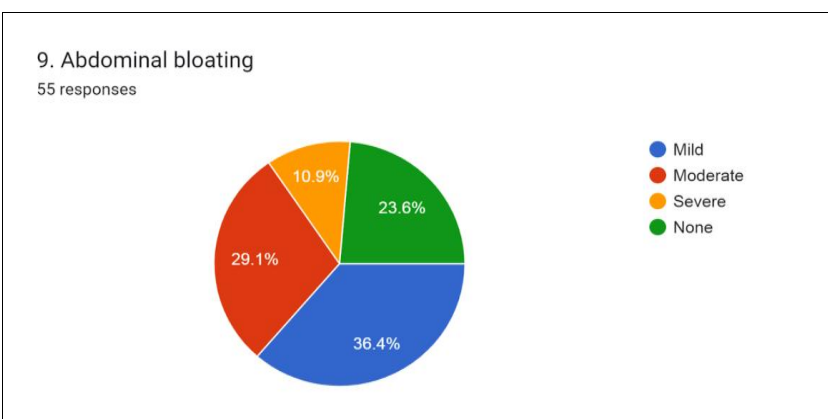


Fig 9: In above pie chart 36.4% mild, 29.1% moderate, 10.9% severe

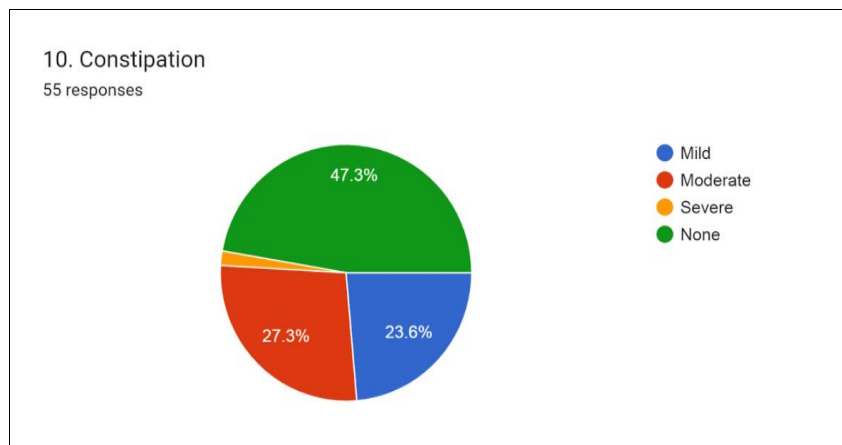


Fig 10: In above pie chart 23.65% mild, 27.3% moderate

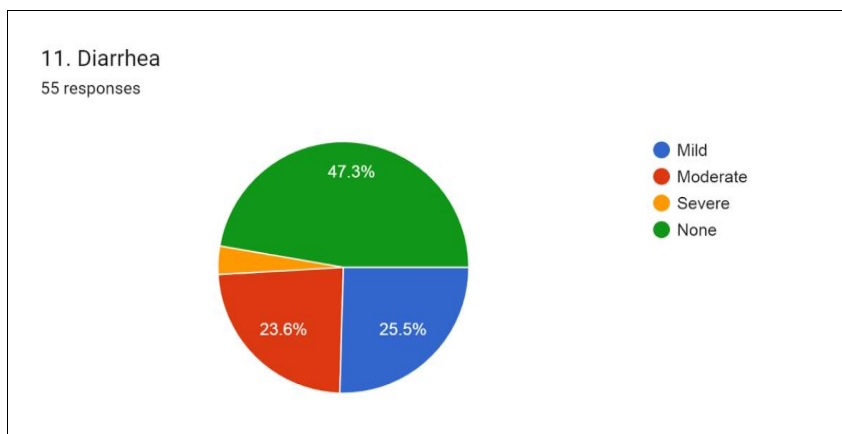


Fig 11: In above pie chart 25.5% mild, 23.6% moderate

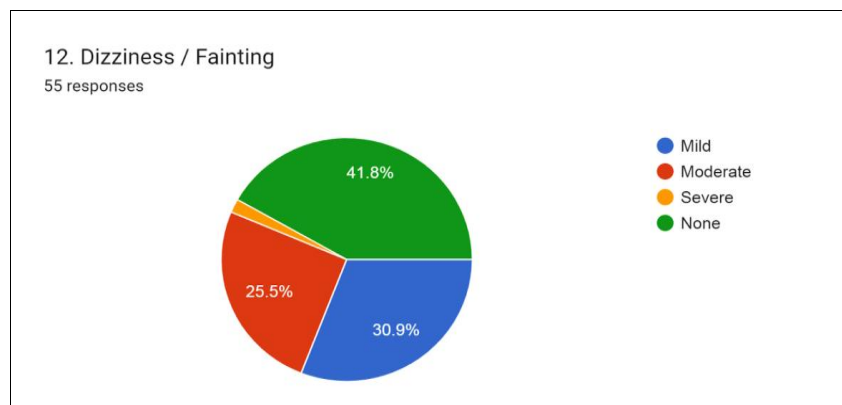


Fig 12: In above pie chart 30.9% mild, 25.5% moderate

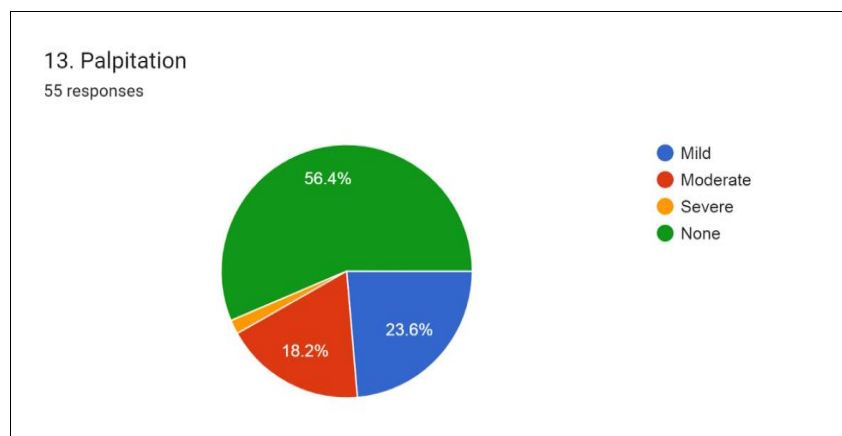


Fig 13: In above pie chart 23.6% mild, 18.2% moderate

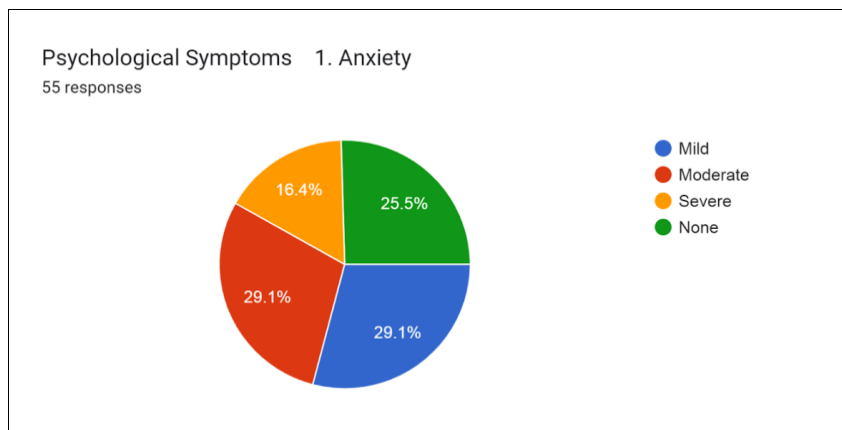


Fig 14: In above pie chart 29.1% mild, 29.1% moderate, 16.4% severe

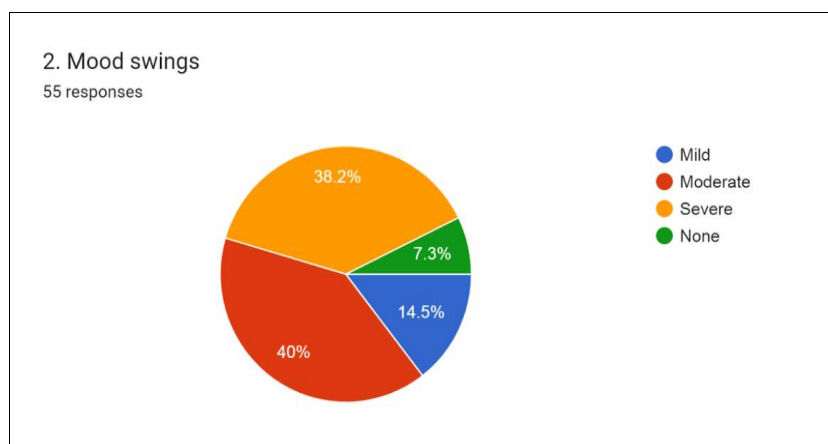


Fig 15: In above pie chart 14.5% mild, 40% moderate, 38.2% severe

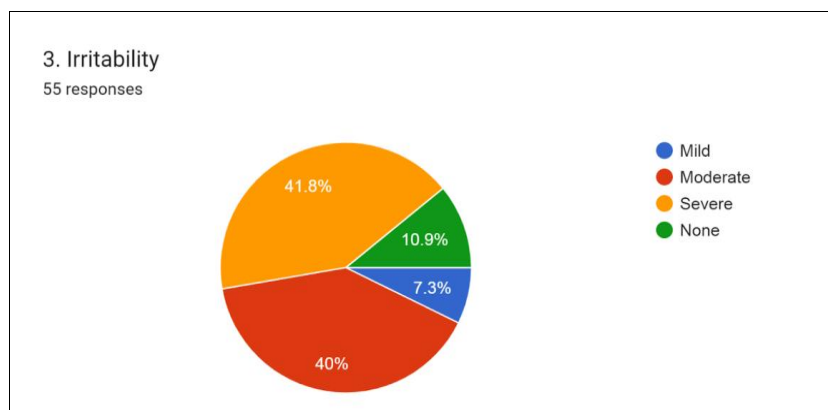


Fig 16: In above pie chart 7.3% mild, 40% moderate, 41.8% severe

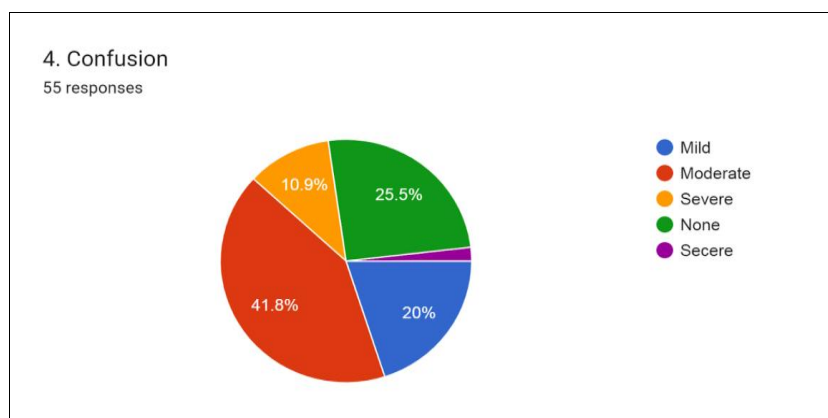


Fig 17: In above pie chart 20% mild, 41.8% moderate, 10.9% severe

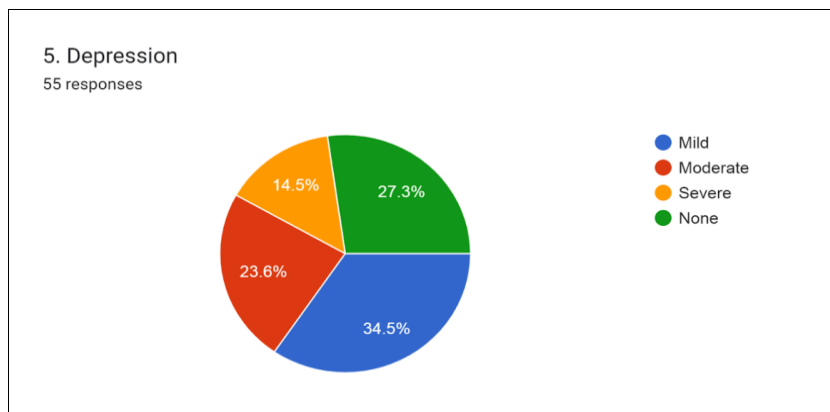


Fig 18: In above pie chart 34.5% mild 23.6% moderate, 14.5% severe

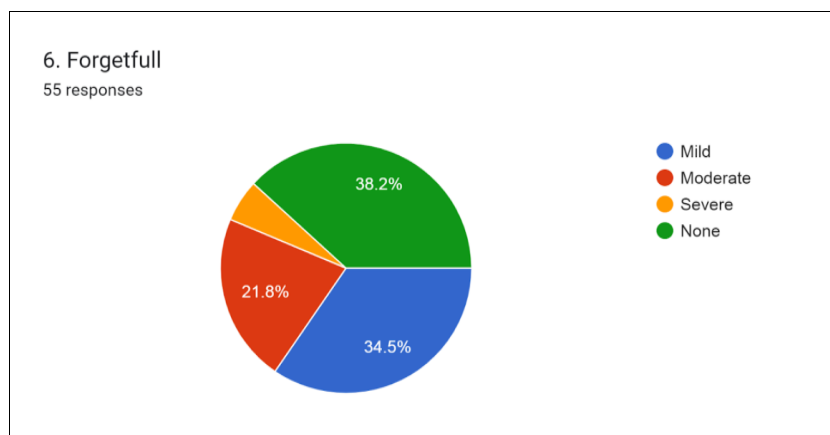


Fig 19: In above pie chart 34.5% mild, 21.8% moderate

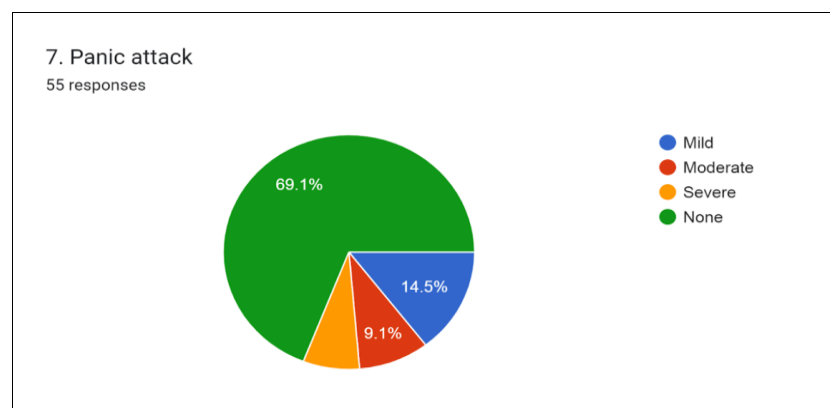


Fig 20: In above pie chart 14.5% mild, 9.1% moderate, 7.3% severe

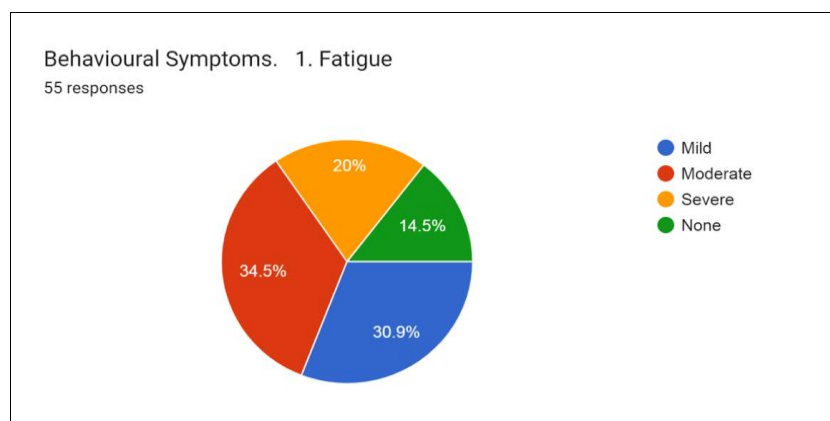


Fig 21: In above pie chart 30.9% mild, 34.5% moderate, 20% severe

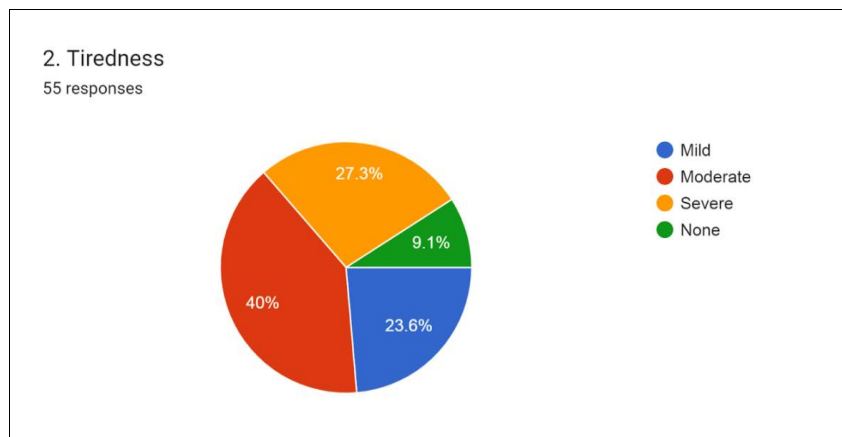


Fig 22: In above pie chart 23.6% mild, 40% moderate, 27.3% severe

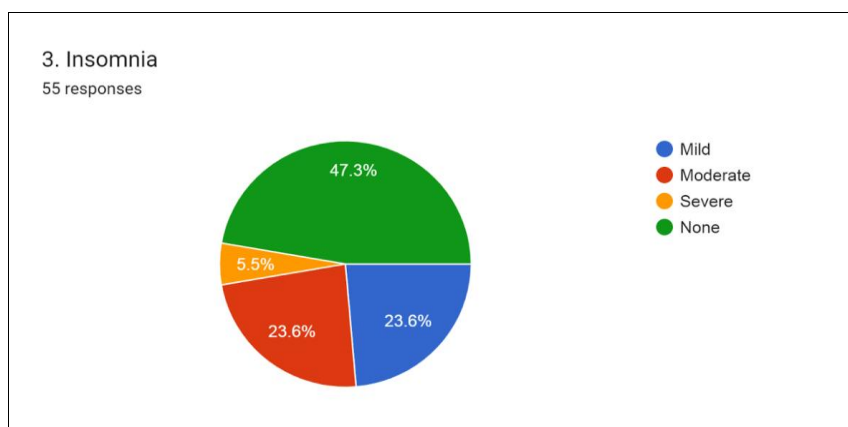


Fig 23: In above pie chart 23.6% mild, 23.6% moderate, 5.5% severe

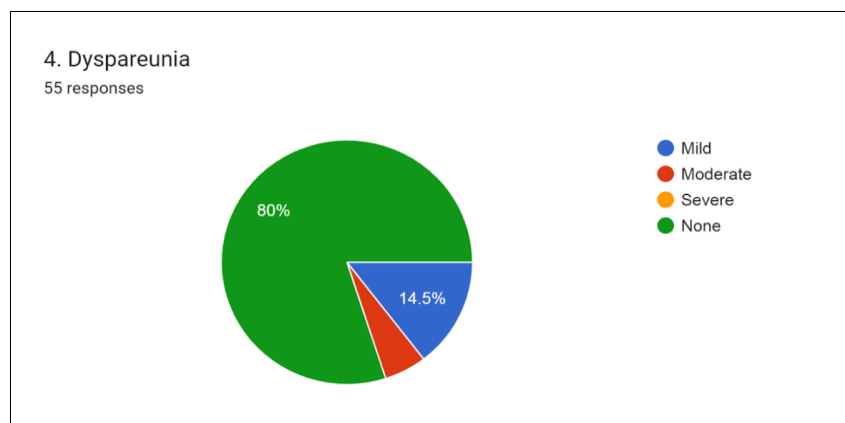


Fig 24: In above pie chart 14.5% mild

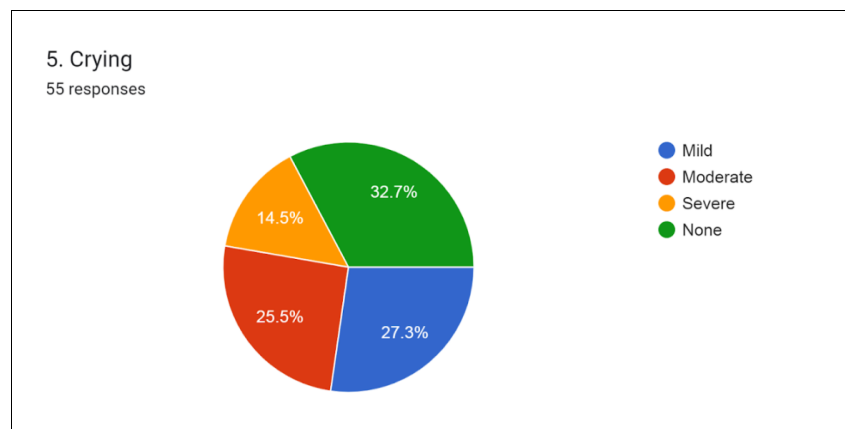


Fig 25: In above pie chart 27.3% mild, 25.5% moderate, 14.5% severe

Summary

- A.M. SHAIKH HOMOEOPATHIC COLLEGE, HOSPITAL undertook survey from 1st DECEMBER 2023 to 30th APRIL 2024 on the topic of -“A SURVEY STUDY TO KNOW THE IMPACT OF PRE-MENSTRUAL SYNDROME ON QUALITY OF LIFE IN WOMEN ”.
- The research was conducted through online mode in the form of google questionnaire.
- It was observed that out of 55 samples,
- 50.9% women are having mild acne, 25.5% having moderate acne, 2% having severe acne
- 47.3% women are having moderate backache, 23.6% severe, 23% mild
- 25.5% women are having moderate headache, 21.8% mild, 7.3% severe
- 36.4% women having moderate abdominal cramp. 34.5% severe, 12.7% mild
- 36.4% women having moderate breast tenderness, 18.2% mild 9.1% severe
- 34.5% women having moderate muscle spasm, 27.3% mild, 20% severe
- 21.8% women having mild weight gain, 16.4% moderate
- 25.5% women having mild nausea vomiting, 18.2% moderate, 1% severe
- 36.4% women having mild abdominal bloating, 29.1% moderate, 10.9% severe
- 27.3% women having moderate constipation, 23.6% mild, 1% severe
- 25.5% women having mild diarrhoea, 23.6% moderate, 3.6% severe
- 30.9% women having mild dizziness, 25.5% moderate
- 23.6% women having mild palpitations, 18.2% moderate
- 29.1% women having mild anxiety, 29.1% moderate, 16.4% severe
- 40% women having moderate mood swings, 38.2% severe, 14.5% mild
- 41.8% women having severe irritability, 40% moderate, 7.3% mild
- 41.8% women having moderate confusion, 20% mild, 10.9% severe
- 34.5% women having mild depression, 23.6% moderate, 14.5% severe
- 34.5% women having mild forgetfulness, 21.8% moderate, 5% severe
- 14.5% women having mild panic attack, 9.1% moderate, 7.3% severe
- 34.5% women having moderate fatigue, 30.9% mild, 20% severe
- 40% women having moderate tiredness, 27.3% having severe, 23.6% mild
- 23.6% women having moderate insomnia, 23.6% mild, 5.5% severe
- 14.5% women having mild dyspareunia, 5.5% moderate
- 25.5% women having moderate crying, 27.3% mild, 14.5% severe

Conclusion

Premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) are well-documented disorders causing significant morbidity in the female population. Treatments prescribed do not necessarily reflect proven clinical effectiveness. A recent systematic review from the Exeter

Department of Complementary Medicine failed to endorse complementary therapies as a whole for treatment of PMS. However, a recent randomised controlled trial of homeopathic treatment for PMS confirms the clinical experience of homeopathic physicians that homeopathy is helpful in PMS.

- PMS cause significant morbidity in the female population.
- Homeopathy relies on detailed analysis of symptomatology to identify a medicine with matching characteristics.
- Homeopathic physicians have reported anecdotally that homeopathic treatments for PMS are helpful.
- Many women are interested in complementary therapies and therefore an understanding of the possible role of homeopathy in the management of PMS is important.
- Therefore along with homeopathic treatment maintaining the diet and regimen, good sleep and healthy diet, exercise, stress management can improve the health of women suffering with PMS.

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