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Dr. Sonali Dalvi
Professor and HOD, PhD
Scholar, Department of
Gynaecology and Obstetrics.
Dr D.Y. Patil Homoeopathic
Medical College & Research
Centre, Dr D.Y. Patil
Vidyaapeeth, (Deemed to be
University) Pimpri, Pune,
Maharashtra, India

Primary dysmenorrhoea: Constitutional healing with homoeopathic medicines

Sonali Dalvi

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Abstract

Primary dysmenorrhoea is a very frequent gynaecological problem. Primary dysmenorrhoea affects approximately 50-70 percent of women. The discomfort might be so severe that it causes absenteeism from school, college, or work. It interferes with the patient's daily activities. It has an impact on the women's quality of life. Homoeopathy addresses the person and not just the symptoms. As a result, the homoeopathic treatment takes into account the individual's mental, physical generals, and physical specific symptoms. In this case report, a 21-year-old female patient complained of colicky pain in the lower abdomen during menstruation. Her pelvic sonography was normal. On the basis of her complaints, she was provided a constitutional homoeopathic medicine. Along with primary dysmenorrhoea, the patient experienced greater mental and emotional difficulties. The patient responded positively from the first cycle following treatment. She was fine after the next six follow-ups. The VAS was used to assess pain intensity alleviation. The overall improvement of the patient was rated using the Modified Naranjo Criteria. The patient was monitored for another 6 months. This instance demonstrates the effectiveness of constitutional medicine in primary dysmenorrhoea thereby decreasing pain intensity and enhancing quality of life.

Keywords: Primary dysmenorrhoea, homoeopathy, natrum muriaticum

Introduction

Dysmenorrhoea is defined as painful menstruation severe enough to disrupt a woman's normal daily activities.^[1] Common associated symptoms include nausea, vomiting, diarrhoea, headache, and dizziness. Primary dysmenorrhoea is characterised by recurrent menstrual pain in the absence of any clinically identifiable pelvic pathology.^[2] In at least 50% of affected women, symptoms do not appear until 6–12 months after menarche.

The pain typically begins a few hours before or with the onset of menstruation and may persist for more than 12 hours in severe cases. It is usually colicky in nature and is felt in the hypogastric region, often radiating to the inner and anterior aspects of the thighs. During severe episodes, the patient may appear pale and drawn, with associated sweating. Nausea and vomiting are frequently present.

Management in modern medicine includes general advice, reassurance, and empirical pain relief using non-steroidal anti-inflammatory drugs (NSAIDs) and hormonal therapy.^[1] Psychological and behavioural interventions, along with specific pharmacological treatment, are also considered important components of management.^[3] However, the use of analgesics and NSAIDs may be associated with adverse effects such as nausea, vomiting, and diarrhoea.

Case Presentation

On the 5th of February 2022, a 21-year-old unmarried female patient presented to the OPD of Dr D Y Patil Homoeopathic Medical College and Research Centre in Pune. She had been complaining about lower abdominal pain during menstruation for the past 3-4 years. The discomfort was spasmodic and colicky in lower abdomen during menses, the pain reaching to the thighs. On the first day of menstruation, she had to take pain relieving medications. Relaxation, a hot water bag, or an electric heating pad helped to relieve the pain.

Menstrual history-

- **Menarche:** 13 yrs of age Cycles are regular, 4/28
- **Duration:** 4-5 days
- **Amount of blood loss:** moderate
- Complaints before, during, after menses- premenstrual irritability++ and headache++.

Corresponding Author:

Dr. Sonali Dalvi
Professor and HOD, PhD
Scholar, Department of
Gynaecology and Obstetrics.
Dr D.Y. Patil Homoeopathic
Medical College & Research
Centre, Dr D.Y. Patil
Vidyaapeeth, (Deemed to be
University) Pimpri, Pune,
Maharashtra, India

- Her most recent menstrual period occurred on 22.1.2022.
- Her pain score on the Visual Analogue Scale was an 8. [3]

Life Space

The patient excels in school. Her father passed away while she was in school. She had that grief and frequently recalled her father. She had learned to accept responsibility from an early age. She is reluctant to communicate her issues with others. She didn't want compassion from others and hence avoided expressing her

emotions. She wished to be alone majority of the time. Sleep was disturbed. She was irritable prior to her period. During menstruation, appetite was diminished. Desire for enormous amounts of water. Craving for pickles.

Investigations

Pelvic ultrasonography abdomen was done on 21.1.2021, which showed normal study in Fig 1

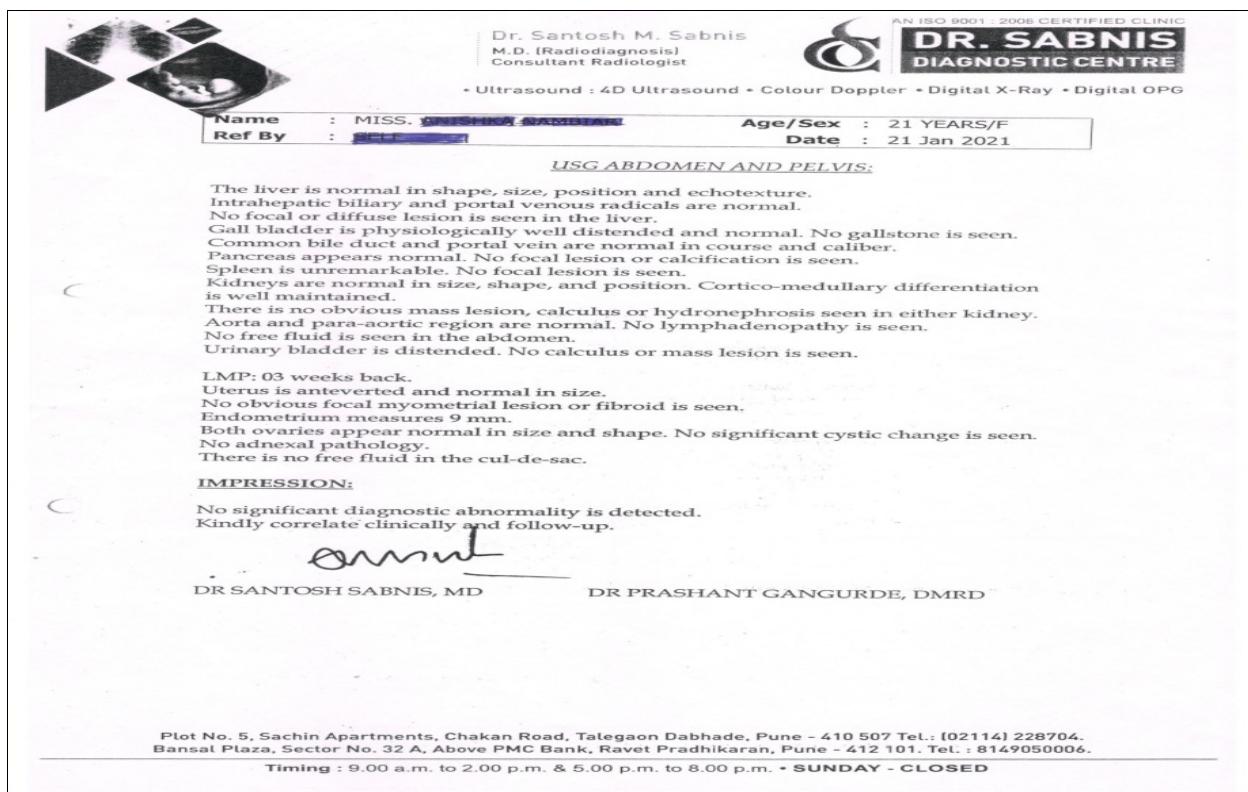


Fig 1: Pelvic ultrasonography report

Diagnosis: Primary dysmenorrhea

Totality of Symptoms

- Ailments from grief
- Emotionally sensitive
- Wants to be alone, does not like company
- Does not like to express emotions with others

- She does not like sympathy from others
- Irritability premenstrually
- Headache premenstrually
- Throbbing pain in head before menses
- Thirsty
- Desires for pickles, salty food

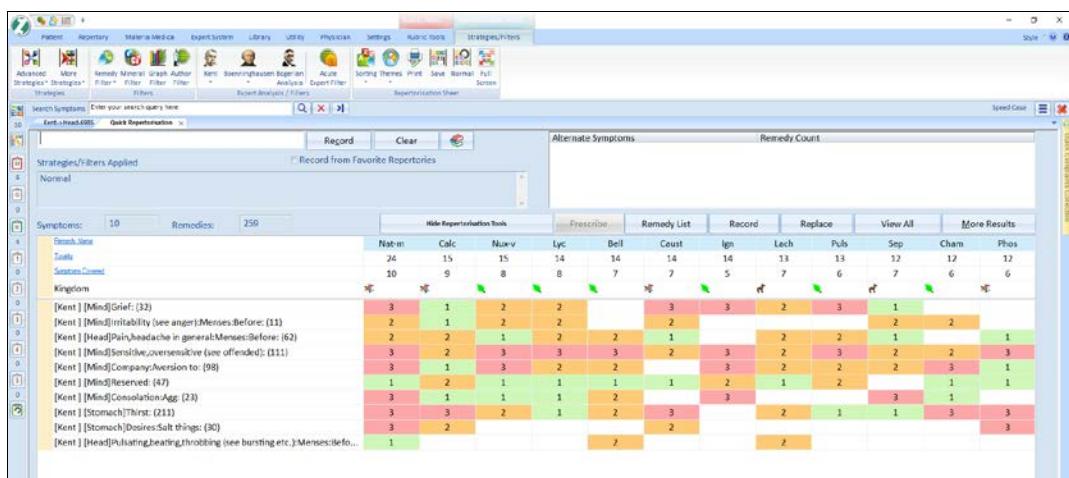


Fig 2: Reportorial analysis (4)

The following remedies were evaluated after repertorization. Natrum mur received 24/10, Calcarea Carb received 15/9, Nux vomica received 14/9, and Lycopodium received 14/8. Natrum mur was chosen because the patient's history revealed long-standing grief, an introverted disposition who disliked compassion from others, premenstrual complaints of headache and irritability, and a preference for salty food. Thermally, she was a hot patient.

Follow-Up

Table 1: Follow-up Record Showing Clinical Progress and Treatment Response

Date	Observation	Prescription and advice
28.3.22	<ul style="list-style-type: none"> • LMP 22.3.22 • Colicky Pain in abdomen during menses. • Pain score on VAS 8. • Headache and Irritability premenstrually present colicky pain in abdomen during menses 	<ul style="list-style-type: none"> • Natrum mur 200C one dose stat. • Magnesium Phosphoricum 200C, 4 pills BD, SOS • Rubrum 4 pills TDS x 1 month
30.4.22	<ul style="list-style-type: none"> • LMP 23.4.22 • Colicky Pain in abdomen during menses reduced. • Headache present • Irritability premenstrually present 	<ul style="list-style-type: none"> • Natrum mur 200C one dose stat. • Magnesium Phosphoricum 200C, 4 pills BD, SOS • Rubrum 4 pills TDS x 1 month
31.5.22	<ul style="list-style-type: none"> • LMP 22.5.22 • Colicky Pain in abdomen during menses reduced. • Pain score on VAS 4 • Headache better by 50 % • Irritability premenstrually ++ 	<ul style="list-style-type: none"> • Natrum mur 200C one dose stat. • Magnesium Phosphoricum 200C, 4 pills BD, SOS • Rubrum 4 pills TDS x 1 month
28.6.22	<ul style="list-style-type: none"> • LMP 21.6.22 • Pain during menses reduced. • Pain score on VAS 4 • Headache better by 70 % • Irritability premenstrually + 	<ul style="list-style-type: none"> • Natrum mur 1M single dose stat. • Magnesium Phosphoricum 200C, 4 pills BD, SOS • Rubrum 4 pills TDS x 1 month
29.7.22	<ul style="list-style-type: none"> • LMP 23.7.22 • Pain score on VAS 2 • Headache better by 80 % • Irritability premenstrually reduced 	<ul style="list-style-type: none"> • Natrum mur 1M single dose stat. • Magnesium Phosphoricum 200C, 4 pills BD, SOS • Rubrum 4 pills TDS x 1 month
28.8.22	<ul style="list-style-type: none"> • LMP 21.8.22 • No pain during menses • No Headache for the last cycle. • Patient generally started feeling better, she had sound sleep, was feeling stable and started expressing her feelings to others and started attending social functions. • No Irritability premenstrually 	<ul style="list-style-type: none"> • Rubrum 4 pills TDS x 1 month
30.9.22	<ul style="list-style-type: none"> • LMP 22.9.22 • No pain during menses • No Headache, feeling better, sleep sound. • No Irritability premenstrually 	<ul style="list-style-type: none"> • Rubrum 4 pills TDS x 1 month
29.10.22	<ul style="list-style-type: none"> • LMP 22.10.22 • No pain during menses • No Headache, feeling better, sleep sound. • No Irritability premenstrually 	<ul style="list-style-type: none"> • Rubrum 4 pills TDS x 1 month

The patient was monitored for the next six cycles for any concerns.

She was feeling better overall.

Domains	Yes	No	Not sure/ NA	Score for success fully treated case	Justification
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+ 2	-1	0	+ 2	Pain during menses was ameliorated after the medicines
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	- 1	-2	0	- 1	Yes, within three cycles
Was there an initial aggravation of symptoms?	- 1	0	0	0	Not observed
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	- 1	0	0	- 1	Other symptoms of premenstrual irritability decreased.
Did overall well-being improve? (Suggest using a validated scale)	- 1	0	0	- 1	Overall improvement was seen
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	- 1	0	0	0	Not observed
Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? – from deeper to more superficial aspects of the individual? –from the top downwards?	- 1	0	0	0	Not observed
Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	- 1	0	0	0	Not observed
Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	- 1	0	+1	No, since the patient was under homoeopathic medicines only
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	- 2	0	0	- 2	The VAS scale showed difference in the pain intensity
Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1	Yes, Clinical improvement was noted as there was reduction in pain intensity during menses and overall well being was noticed.

Fig 3: Assessment by Modified Naranjo Criteria Score [9]

Discussion

A detailed case history of the patient was recorded and a constitutional medicine Natrum muriaticum was prescribed. After taking Natrum mur 200 C, the patient's physical symptoms began to improve. Her headache was relieved with the 200 potency. Premenstrual irritation persisted. Nat mur 1M was therefore prescribed.

When the potency was increased to 1M, the patient's emotional well-being improved progressively over a 6-month period.

The Visual Analogue Scale was utilised to quantify the difference and relief in pain severity.

Conclusion

One of the most common gynaecological problem is primary dysmenorrhoea. Homoeopathy has a wide range of applications in the treatment of primary dysmenorrhoea. The patient's mental and physical complaints are considered. Homoeopathic drugs that are prescribed on an individual basis produce greater effects. The constitutional prescription aided in the treatment of primary dysmenorrhoea as well as other symptoms. Homoeopathic treatment helped to improve the symptoms along with the quality of life of the patient.

This case demonstrates the efficacy of homoeopathy in the treatment of primary dysmenorrhoea.

Informed Consent

The patient has given her agreement for clinical data to be reported in the journal and is aware that her name will not be revealed anywhere and that all reasonable steps will be done to conceal her identity.

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Nil

Conflict of interest

None declared

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