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Dr. Ashwini K Bhondave
Ph.D., Scholar, Bharati
Vidyapeeth Deemed to be
University, Homoeopathic
Medical College, Pune,
Maharashtra, India

Efficacy of magnesium phosphoricum 30c in the treatment of spasmodic dysmenorrhoea

Dr. Ashwini K Bhondave

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Abstract

Spasmodic dysmenorrhea is a recurring condition which disturbs the daily routine of females in abundance. It is a commonest gynaecological condition which affects many women regardless of age, race and region. It is one of the leading cause of absenteeism in adult women with substantial economic loss, disrupt in personal life and a significant public health problem as well. Also responsible for poor academic and work performance. Mild pain is common with menstruation but moderate and severe pains require medications.

The available modes of dysmenorrhea treatments are relieving the pain momentarily and let the woman suffer for many months and years. Homoeopathic medicines offers a viable solution with less or zero side effects in cases of spasmodic dysmenorrhea.

Keywords: Dysmenorrhoea, homoeopathy, Magnesium phos, Spasmodic

Introduction

The term dysmenorrhea is derived from Greek word.

Dys – painful/difficult/abnormal

Meno – menses

Rhea – flow

Dysmenorrhea implies painful menses in general and the pain is usually felt in pelvis or hypogastric region before or during menses. The pain used to be sharp, intermittent or dull, aching pain. The pain may begin several days before menses or begin exactly on the day of menses. The term dysmenorrhea is used when the menstrual pain affects the daily routine of a woman such as household works, going to office, school etc.

There are 3 common types of dysmenorrhea

1. Congestive or secondary dysmenorrhea-it usually occurs in women between 30 to 45years and it usually associate with some pelvic pathology.
2. Spasmodic or Primary dysmenorrhea-Occurs during first few years after menarche. Affects upto 50% of teens. It doesn't associate with macroscopic pelvic pathology. It is usually functional.
3. Membranous dysmenorrhea- pain accompanied by passage of membranes in the form of casts from uterine cavity.

Spasmodic dysmenorrhea

Synonym – spasmodic, intrinsic, essential, functional dysmenorrhea

Peak incidence – early 20's. Incidence falls down with increase in age and parity.

5-14% of absenteeism from work and school is due to spasmodic dysmenorrhea. Rare after 35 years. It doesn't have any macroscopic structural pathology and is purely functional.

Magnesium phosphoricum

The homoeopathic remedy magnesium phosphoricum has greatest reputation in treating nerve pain and spasms of muscular, internal organs. The symptoms of Mag.phos is widely corresponds with spasmodic dysmenorrhea. It is verified by various stalwarts in the field of homoeopathy.

Early, dark flow, stringy pain before flow begins Antispasmodic, relieves cramps and nervous pains. Worse by motion, better by warmth

Corresponding Author:
Dr. Ashwini K Bhondave
Ph.D., Scholar, Bharati
Vidyapeeth Deemed to be
University, Homoeopathic
Medical College, Pune,
Maharashtra, India

Materials and Methods

A randomised Placebo controlled study is conducted at Bharati Vidyapeeth (Deemed to be University) Homeopathic Medical college, Pune. The study is conducted with 100 samples using simple randomized sampling technique. The participants are equally divided into two named study group and placebo group.

Inclusion criteria

1. Symptomatic cases between the age of 13 – 21 years
2. Verbal multidimensional scoring scale – 1 and 2
3. Willingness to take medicines and to give proper follow ups.

Exclusion criteria

1. Immunocompromised individuals
2. Verbal multidimensional scoring 3
3. Unwilling to take medicines and to give periodic follow ups
4. Known cases with Pelvic pathology

Study intervention: Magnesium Phosphoricum 30c

Instrument used: Verbal Multidimensional Score system

Study Duration: 12 months

Data collection: Using standard homoeopathic case format and multidimensional scoring scale. A common survey will be conducted in school, colleges and gynaecology OPD. Cases will be enrolled after getting informed consent. Symptoms will be recorded using homoeopathic case taking proforma.

Study Procedure: 100cases will be enrolled fulfilling inclusion criteria. 50 cases will be given Magnesium phosphoricum 30 and remaining 50 cases will be given Placebo. Cases will be observed for a period of 1year.

Dosage: Mag. phos 30c three times a day 4pills for 12cycles.

Follow up Criteria: cases will be duly followed once in a month.

Data analysis: Pre and post intervention of Magnesium phosphoricum30c will be recorded for analysis.

Statistical analysis: Paired t-test

Conclusion

This study is aimed at evaluating the efficacy of homoeopathic remedy Magnesium Phosphoricum 30c in relieving the agony of spasmodic dysmenorrhea between the ages 13 to 21years. It is a prospective study to add value to the tissue salt Magnesium phosphoricum in the potentized form.

Conflict of Interest

Not available

Financial Support

Not available

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