

Efficacy and significance of homoeopathy in Primary Dysmenorrhoea

Dr Lizmy Jose

INTRODUCTION

Homoeopathy is now a system of medicine with growing acceptance all over the world. Homoeopathy is a specialised system of therapeutics based on the law of healing - Similia Similibus Curentur which means 'let likes be treated by likes'. The beginning of this new idea was blossomed in the mind of Dr. Samuel Hahnemann and cherished in the minds of Dr. Herring, Dr. Kent,

Dr. Boeninghausen, Dr. Farrington and many others to attain the present status.

Homoeopathy signifies a system of treatment based on the similarity between symptoms of the patient and those obtained during proving of drugs on healthy human beings. The basic concept of disease is that, all natural diseases are due to derangement of the vital force of an individual resulting in abnormal sensations and functions manifested as signs and symptoms both in mental and physical plains. This image of the disease which we call as totality of symptoms is the sole guide for the physician to select the similimum - the curative remedy. Thus Homoeopathy is a system of medicine giving more importance to the diseased individual than the disease itself.

Dysmenorrhoea is one of the most common gynaecologic complaints in women who present to clinicians. Dysmenorrhoea is the general term for painful menstruation. Painful menstruation is when menstrual periods are accompanied by either sharp, intermittent pain or dull, aching pain, usually in the pelvis or lower abdomen. Primary dysmenorrhoea refers to menstrual pain that occurs in otherwise healthy women and is not related to any specific problems with the uterus or other pelvic organs. It is predominantly confined to adolescent girls. Secondary dysmenorrhoea is defined as menstrual pain resulting from anatomic and/or macroscopic pelvic pathology and so the treatment may require surgical intervention at times. On the other hand primary dysmenorrhoea is purely functional and homoeopathic medicines both constitutional anti miasmatic and specific medicines are highly effective in its treatment.

This is a humble effort made by me to show the homoeopathic fraternity and the whole suffering humanity, the efficacy and significance of homoeopathic medicines in the management of primary dysmenorrhoea.

We are here to add what we can to, Not to get what we can from, LIFE.- Sir William Osler

AIMS AND OBJECTIVES

- To determine the efficacy and significance of homoeopathic medicines in the management of primary dysmenorrhoea.
- To determine the medicines and the corresponding potencies frequently indicated in the management of primary dysmenorrhoea

REVIEW OF LITERATURE

PART I	Dysmenorrhoea
	3.1 Anatomy
	3.2 Physiology
	3.3 Definition
	3.4 Classification
	3.5 Primary Dysmenorrhoea
	3.6 Epidemiology
	3.7 Pathophysiology
	3.8 Clinical features
	3.9 Physical examination
	3.10 Lab studies
	3.11 Differential diagnosis
	3.12 Complications
	3.13 Prognosis
	3.14 Patient education
	3.15 Secondary Dysmenorrhoea
PART II	3.16 Medicinal management
PART III	3.17 Miasmatic back ground
PART IV	3.18 Repertorial analysis

PART I

DYSMENORRHOEA

Dysmenorrhoea is one of the most common gynaecologic complaints in women who present to clinicians. Dysmenorrhoea is pelvic pain during a menstrual period. Painful menstruation is when menstrual periods are accompanied by either sharp, intermittent pain or dull, aching pain, usually in the pelvis or lower abdomen.

Painful menstruation affects many women. For a small number of women, such discomfort makes it next impossible to perform normal household, job, or school-related activities for a few days during each menstrual cycle. It is the leading cause of lost time from school and work among women in their teens and 20's.

The pain may begin several days before or just at the start of the period. It generally subsides as menstrual bleeding tapers off. Although some pain during menstruation is normal, excessive pain is not.

Dysmenorrhoea refers to menstrual pain severe enough to limit normal activities or require medication.

There are commonly two general types of dysmenorrhoea :

- Primary dysmenorrhoea refers to menstrual pain that occurs in otherwise healthy women. This type of pain is not related to any specific problems with the uterus or other pelvic organs.
- Secondary dysmenorrhoea is menstrual pain that is attributed to some underlying disease process or structural abnormality either within or outside the uterus.

3.1 ANATOMY

THE UTERUS (Womb) The **uterus** is a hollow, thick-walled, muscular organ situated deeply in the pelvic cavity between the bladder and rectum. Into its upper part the uterine (fallopian) tubes open, one on either side, while below, its cavity communicates with that of the vagina. When the ova are discharged from the ovaries they are carried to the uterine cavity through the uterine tubes. If an ovum be fertilized it imbeds itself in the uterine wall and is normally retained in the uterus until prenatal development is completed, the uterus undergoing changes in size and structure to accommodate itself to the needs of the growing embryo. After parturition the uterus returns almost to its former condition, but certain traces of its enlargement remains.⁶⁵

In the virgin state the uterus is flattened antero-posteriorly and is pyriform in shape, with the apex directed downward and backward. It lies between the bladder in front and the pelvic or sigmoid colon and rectum behind, and is completely within the pelvis, so that its base is below the level of the superior pelvic aperture. Its upper part is suspended by the broad and the round ligaments, while its lower portion is imbedded in the fibrous tissue of the pelvis.

The uterus measures about 7.5 cm. in length, 5 cm. in breadth, at its upper part, and nearly 2.5 cm. in thickness; it weighs from 30 to 40 gm. It is divisible into two portions. On the surface, about midway between the apex and base, is a slight constriction, known as the isthmus, and corresponding to this in the interior is a narrowing of the uterine cavity, the internal orifice of the uterus. The portion above the isthmus is termed the *body*, and that below, the *cervix*. The part of the body which lies above a plane passing through the points of entrance of the uterine tubes is known as the *fundus*.

The Body (*corpus uteri*) gradually narrows from the fundus to the isthmus. The vesical or anterior surface (*facies vesicalis*) is flattened and covered by peritoneum, which is reflected on to the bladder to form the vesicouterine excavation. The intestinal or posterior surface (*facies intestinalis*) is convex transversely and is covered by peritoneum, which is continued down on to the cervix and vagina. It is in relation with sigmoid colon, from which it is separated by coils of small intestine.

The **fundus** (*fundus uteri*) is convex in all directions, and covered by peritoneum continuous with that on the vesical and intestinal surfaces. The lateral margins (*margo lateralis*) are slightly convex. At the upper end of each, the uterine tube pierces the uterine wall. Below and in front of this point the round ligament of the uterus is fixed, while behind it is the attachment of the ligament of the ovary. These three structures lie within a fold of peritoneum, the broad ligament which is reflected from the margin of uterus to the wall of the pelvis.

The **Cervix** (*cervix uteri; neck*) is the lower constricted segment of the uterus. It is somewhat conical in shape, with its truncated apex directed downward and backward, but is slightly wider in the middle than either above or below. Owing to its relationships, it is less freely movable than the body, so that the latter may bend on it. The cervix projects through the anterior wall of the vagina, which divides it into an upper, supra vaginal portion, and a lower, vaginal portion. The **supravaginal portion** (*portio supravaginalis [cervicis]*) is separated *in front* from the bladder by fibrous tissue (parametrium). The uterine arteries reach the margins of the cervix in this fibrous tissue, while on either side the ureter runs downward and forward. *Posteriorly*, the supravaginal cervix is covered by peritoneum. It is in relation with the rectum, from which it may be separated by coils of small intestine. The **vaginal portion** (*portio vaginalis [cervicis]*) of the cervix projects free into the anterior wall of the vagina between the anterior and posterior fornices. On its rounded extremity is a small, depressed, somewhat circular aperture, the external orifice of the uterus, through which the cavity of the cervix communicates with that of the vagina.

Interior of the Uterus—The cavity of the uterus is small in comparison with the size of the organ.

The **Cavity of the Body** (*cavum uteri*) is a mere slit, flattened antero-posteriorly. It is triangular in shape, the base being formed by the internal surface of the fundus between the orifices of the uterine tubes, the apex by the internal orifice of the uterus through which the cavity of the body communicates with the canal of the cervix

The **Canal of the Cervix** (*canalis cervicis uteri*) is somewhat fusiform, flattened from before backward, and broader at the middle than at either extremity. It communicates above through the internal orifice with the cavity of the body, and below through the external orifice with the vaginal cavity. The wall of the canal presents an anterior and a posterior longitudinal ridge, from each of which proceed a number of small oblique columns, the palmate folds, giving the appearance of branches from the stem of a tree; to this arrangement the name **arbor vitæ uterina** is applied.

The total length of the uterine cavity from the external orifice to the fundus is about 6.25 cm.

Ligaments.—The ligaments of the uterus are eight in number: one anterior; one posterior; two lateral or broad; two uterosacral; and two round ligaments.

The **anterior ligament** consists of the vesicouterine fold of peritoneum, which is reflected on to the bladder.

The **posterior ligament** consists of the rectovaginal fold of peritoneum, which is reflected from the back of the posterior fornix of the vagina on to the front of the rectum. It forms the bottom of a deep pouch called the rectouterine excavation, which is bounded laterally by two crescentic folds of peritoneum which pass backward from the cervix uteri on either side of the rectum to the posterior wall of the pelvis. These folds are named the sacrogenital or rectouterine folds. They contain a considerable amount of fibrous tissue and non-striped muscular fibers which are attached to the front of the sacrum and constitute the **uterosacral ligaments**.

The **two lateral or broad ligaments** (*ligamentum latum uteri*) pass from the sides of the uterus to the lateral walls of the pelvis. Together with the uterus they form a septum across the female pelvis, dividing that cavity into two portions. In the anterior part is contained the bladder; in the posterior part the rectum, and in certain conditions some coils of the small intestine and a part of the sigmoid colon. Between the two layers of each broad ligament are contained: the uterine tube superiorly; the round ligament of the uterus; the ovary and its ligament; the epoöphoron and paroöphoron; connective tissue; unstriped muscular fibers; and bloodvessels and nerves. The portion of the broad ligament which stretches from the uterine tube to the level of the ovary is known by the name of the **mesosalpinx**. Between the fimbriated extremity of the tube and the lower attachment of the broad ligament is a concave rounded margin, called the **infundibulo pelvic ligament**.

The **round ligaments** (*ligamentum teres uteri*) are two flattened bands situated between the layers of the broad ligament in front of and below the uterine tubes. Commencing on either side at the lateral angle of the uterus, this ligament is directed forward, upward, and lateralward over the external iliac vessels. It then passes through the abdominal inguinal ring and along the inguinal canal to the labium majus, in which it becomes lost. The round ligaments consists principally of muscular tissue, prolonged from the uterus; also of some fibrous and areolar tissue, besides bloodvessels, lymphatics; and nerves, enclosed in a duplicature of peritoneum, which, in the fetus, is prolonged in the form of a tubular process for a short distance into the inguinal canal. This process is called the **canal of Nuck**. It is generally obliterated in the adult, but sometimes remains pervious even in advanced life. In addition to the ligaments just described, there is a band named the **ligamentum transversalis colli** (Mackenrodt) on either side of the cervix uteri. It is attached to the side of the cervix uteri and to the vault and lateral fornix of the vagina, and is continuous externally with the fibrous tissue which surrounds the pelvic blood vessels.

The form, size, and situation of the uterus vary at different periods of life and under different circumstances.

**In the fetus* the uterus is contained in the abdominal cavity, projecting beyond the superior aperture of the pelvis. The cervix is considerably larger than the body.

**At puberty* the uterus is pyriform in shape, and weighs from 14 to 17 gm. It has descended into the pelvis, the fundus being just below the level of the superior aperture of this cavity.

*The position of the uterus *in the adult* is liable to considerable variation, depending chiefly on the condition of the bladder and rectum. When the bladder is empty the entire uterus is directed forward, and is at the same time bent on itself at the junction of the body and cervix, so that the body lies upon the bladder. As the latter fills, the uterus gradually becomes more and more erect, until with a fully distended bladder the fundus may be directed backward toward the sacrum

**During menstruation* the organ is enlarged, more vascular, and its surfaces rounder; the external orifice is rounded, its labia swollen, and the lining membrane of the body thickened, softer, and of a darker color.

At each recurrence of menstruation, a molecular disintegration of the mucous membrane takes place, which leads to its complete removal, only the bases of the glands imbedded in the muscle being left. At the cessation of menstruation, a fresh mucous membrane is formed by a proliferation of the remaining structures.

**During pregnancy* the uterus becomes enormously enlarged, and in the eighth month reaches the epigastric region. The increase in size is partly due to growth of pre-existing muscle, and partly to development of new fibers.

**After parturition* the uterus nearly regains its usual size, weighing about 42 gm.; but its cavity is larger than in the virgin state, its vessels are tortuous, and its muscular layers are more defined; the external orifice is more marked, and its edges present one or more fissures.

**In old age* the uterus becomes atrophied, and paler and denser in texture; a more distinct constriction separates the body and cervix. The internal orifice is frequently, and the external orifice occasionally, obliterated, while the lips almost entirely disappear.

Structure.—The uterus is composed of three coats: an external or serous, a middle or muscular, and an internal or mucous.

The **serous coat** (*tunica serosa*) is derived from the peritoneum; it invests the fundus and the whole of the intestinal surface of the uterus; but covers the vesical surface only as far as the junction of the body and cervix.

The **muscular coat** (*tunica muscularis*) forms the chief bulk of the substance of the uterus. In the virgin it is dense, firm, of a grayish color, and cuts almost like cartilage. It is thick opposite the middle of the body and fundus, and thin at the orifices of the uterine tubes. It consists of bundles of unstriated muscular fibers, disposed in layers, intermixed with areolar tissue, bloodvessels, lymphatic vessels, and nerves. The layers are three in number: external, middle, and internal. The external and middle layers constitute the muscular coat proper, while the inner layer is a greatly hypertrophied muscularis mucosæ. During pregnancy the muscular tissue becomes more prominently developed, the fibers being greatly enlarged.

The **mucous membrane** (*tunica mucosa*) is smooth, and closely adherent to the subjacent tissue. It is continuous through the fimbriated extremity of the uterine tubes, with the peritoneum; and, through the external uterine orifice, with the lining of the vagina.

In the body of the uterus the mucous membrane is smooth, soft, of a pale red color, lined by columnar ciliated epithelium. In it are the tube-like **uterine glands**, they are of small size in the unimpregnated uterus, but shortly after impregnation become enlarged and elongated, presenting a contorted or waved appearance. In the cervix the mucous membrane is thrown into numerous oblique ridges, which diverge from an anterior and posterior longitudinal raphé. Extending through the whole length of the canal is a variable number of little cysts, presumably follicles which have become occluded and distended with retained secretion, called the **ovula nabothi**. On the vaginal surface of the cervix the epithelium is similar to that lining the vagina, viz., stratified squamous.

Vessels and Nerves.—The **arteries** of the uterus are the uterine, from the hypogastric; and the ovarian, from the abdominal aorta. They are remarkable for their tortuous course in the substance of the organ, and for their frequent anastomoses. The termination of the ovarian artery meets that of the uterine artery, and forms an anastomotic trunk from which branches are given off to supply the uterus, their disposition being circular. The **veins** are of large size, and correspond with the arteries. They end in the uterine plexuses. In the impregnated uterus the arteries carry the blood to, and the veins convey it away from, the intervillous space of the placenta. The **nerves** are derived from the hypogastric and ovarian plexuses, and from the third and fourth sacral nerves.⁶⁵

3.2 PHYSIOLOGY

OVULATION

Ovulation is the process by which an ovum, in the form of a secondary oocyte, is discharged from the ovary to become a gamete.⁶²

The ovary is covered by a germinal epithelium which consists of a specialized stroma embedded in which are the primordial follicles. The primordial follicles develop into fully formed graafian follicles with the onset of puberty. This process of maturation is essentially controlled by the ovarian hormones, Oestrogen and Progesterone regulated by the Pituitary gonadotrophic hormones, Follicle stimulating hormone (FSH) and Luteinising hormone (LH), which in turn is regulated by the Hypothalamic releasing hormones. Under gonadotrophic stimulation, a number of follicles develop in the ovary in each cycle, but the majority of these become atretic and degenerate, only one of them maturing in to a graafian follicle.

The adult ovary goes through a cycle of activity which occupies approximately 28 days. The cycle commences on the first day of menstruation and has two phases: the ripening of an ovum which occupies the first 14 days – *the follicular phase*; and the formation, function and early degeneration of the corpus luteum which occupies the second 14 days – *the luteal phase*. These two phases are separated by *ovulation*.

The duration of luteal phase is more constant than that of the follicular phase and is generally reckoned as 14 ± 2 days.

Follicular phase

The primordial follicle consists of a primary oocyte surrounded by a single layer of flattened cells, the pre granulosa, derived from the cells of sex cord. The pre granulosa cells become cuboidal and proliferate. At this stage a hyaline membrane is formed around the ovum, zona pellucida. Fluid spaces appear between the granulosa cells, they coalesce to form a cavity, the antrum, pushing the ovum to one side. The granulosa cells are now termed as corona radiata and the whole mass of cells is termed the cumulus. The surrounding parenchymal cells arrange themselves concentrically around the follicle which constitutes the theca interna and the follicle is now called as the graafian follicle and continues to grow to a size more than 1 cm.

Ovulation

It implies the rupture of the graafian follicle resulting in the discharge of ovum from it. It occurs as a result of thinning and degeneration of the cyst wall. As the time for ovulation approaches, the outer end of fallopian tube moves towards the ovary so that the fimbriae tend to embrace it and are ready to catch the ovum. Unless fertilized, the ovum survives only 12-24 hours and then disintegrates in the tube without leaving any trace.

Luteal phase

Immediately the ovum is discharged, the cyst collapses and the lining cells undergo luteinization, a process in which they enlarge by imbibing fluid. The cells also proliferate and the total effect is to enlarge the original follicle until the new structure – the corpus luteum is 1-2 cm in diameter and projects from the surface of the ovary. The development of the corpus luteum is completed in 5 days. Its activity is at a maximum during the following 3 or 4 days, but there after wanes as degenerative changes commence 4-6 days before the next menstrual period.⁶²

MENSTRUATION

It is defined as a periodic physiologic discharge of blood, mucus and other cellular debris from the uterine mucosa which occurs at more or less regular intervals, except during pregnancy and lactation, from the time of puberty to menopause.⁴⁷

Menstruation represents the breaking down and casting off of an endometrium prepared for a pregnancy which does not materialize, and so is sometimes described as '*the weeping of a disappointed uterus*'.⁶⁹

The average age at which menstruation begins is between the twelfth & fourteenth year but in a minority it may start as early as the tenth or as late as the seventeenth year. The term menarche indicates the onset of first menses and menopause its final cessation.⁴⁷

The Menstrual Cycle (Endometrial cycle)

The periodicity of the menstrual cycle is variable. Generally, it occurs at an interval of 28 days, most women have cycles with an interval that lasts from 21 to 35 days, but there is a great variation among women in general. The duration of the flow is also variable, the usual being 3-6 days and estimated blood loss is 20-80 ml. The first 4 days of the cycle are occupied with menstruation, during the remaining 24 days the histological cycle consists basically of a proliferative phase and a secretory phase.²⁶

Proliferative phase

The graafian follicle under the influence of FSH secretes Oestrogen which produces proliferative changes in the endometrium, the stage extending from the 5th or 6th to the 14th day of the cycle. The glands become tubular, the epithelium becomes columnar and continuous. The stromal cells become spindle shaped with evidences of mitosis. The spiral vessels form loose capillary network. The thickness of the endometrium measures about 3-4 mm.

Secretory phase

After ovulation the ruptured graafian follicle develops into corpus luteum, which secretes progesterone. Progesterone stimulates the endometrium to undergo secretory hypertrophy. It begins on the 15th day and ceases 5-6 days prior to menstruation. The glands increase in size, become corkscrew shaped. The stromal cells become swollen, large, polyhedral. The blood vessels undergo marked spiraling. The thickness of endometrium reaches its highest, about 5-6 mm.

Menstrual phase

In the absence of pregnancy, the corpus luteum degenerates, both oestrogen and progesterone levels decline and this fall brings about menstruation. The endometrial growth ceases 5-6 days prior to menstruation, the contraction and constriction of coiled arteries results in ischaemia causing necrosis. The regressive changes in the endometrium are pronounced 24-48 hours prior to menstruation. Menstrual bleeding occurs when the open arteries damaged by necrosis relax and discharge blood in to the uterine cavity. Some degree of venous haemorrhage also occurs. The menstrual flow stops as a result of combined effect of prolonged vasoconstriction, myometrial contraction and local aggregation of platelets.²⁶

A fall in the level of oestrogen and progesterone also starts off a fresh positive feedback mechanism and triggers the hypothalamus to release gonadotrophins. This is how a menstrual cycle is regulated.

Correlation of endometrial and ovarian cycles

By the end of a menstrual period, a new follicle is beginning to ripen in the ovary. Endometrial proliferation therefore occurs during the follicular phase in the ovary. Ovulation marks the change over from the proliferative to the secretory phase in the endometrium. Secretory activity and decidual reaction are manifestations of the luteal phase in the ovary.³²

Hormonal control of ovulation

There is an inverse relation between ovarian and pituitary hormones and this indicates a feed back system of control. At the beginning of the cycle the blood oestrogen level is low and this stimulates FSH secretion. As a result follicles mature and large quantities of oestrogen are secreted. These progressively inhibit FSH secretion and initiate LH secretion, producing ovulation and corpus luteum formation. Progesterone and oestrogen are both produced by the luteal cells. If fertilization of ovum does not occur, the corpus luteum regresses, oestrogen and progesterone production diminishes, menstruation occurs and FSH secretion is stimulated. The secretion of FSH & LH in turn is under the influence of a centre in the Hypothalamus, thought to be near the median eminence. Thus the Hypothalamic – Pituitary axis mediates the effects of ovarian hormones and through FSH & LH controls the menstrual cycle.³²

DYSMENORRHOEA

3.3 Definition

Dysmenorrhoea is defined as difficult menstrual flow or painful menstruation. It refers to menstrual pain severe enough to limit normal activities or require medication.⁶⁷

The term dysmenorrhoea is derived from the Greek words *dys*, meaning difficult/painful/abnormal, *meno*, meaning month, and *rhea*, meaning flow.⁶⁷

3.4 Classification

Dysmenorrhoea is classified as 1. Primary (spasmodic)

2. Secondary (congestive)

3. Membranous

4. Ovarian

* Primary dysmenorrhoea is defined as menstrual pain not associated with macroscopic pelvic pathology. It occurs in the first few years after menarche and affects up to 50% of post pubescent females.

* Secondary dysmenorrhoea is defined as menstrual pain resulting from anatomic and/or macroscopic pelvic pathology. This condition is most often observed in women aged 30-45 years.

* Membranous dysmenorrhoea is regarded as an extreme form of the spasmodic variety. It is usually rare, the pain is accompanied by the passage of membranes which may take the form of casts of the uterine cavity.⁵²

* In ovarian dysmenorrhoea the pain is felt for 2 or 3 days before menses in one or both lower quadrants in the areas innervated by the tenth thoracic to the first lumbar segments.⁵²

3.5 PRIMARY DYSMENORRHOEA

Primary dysmenorrhoea is the commonest among the four types of dysmenorrhoea.⁹ It is usually defined as cramping pain in the lower abdomen occurring at the onset of menstruation in the absence of any identifiable pelvic disease.⁶⁸

Synonyms

Spasmodic, Intrinsic, Essential, Functional dysmenorrhoeas²⁴

3.6 Epidemiology

Primary dysmenorrhea is by far the most common gynaecologic problem in young menstruating women. It is so common that many women fail to report it in medical interviews, even when their daily activities are restricted. Reported prevalence rates are as high as 90 percent.⁷²

Frequency

The peak incidence of primary dysmenorrhoea occurs in late adolescence and the early 20s. It is more common amongst girls from affluent society. The incidence of dysmenorrhoea in adolescents is reportedly as high as 92%. The incidence falls with increasing age and with increasing parity. The prevalence and severity of in parous women were significantly lower. In an epidemiologic study of an adolescent population (aged 12-17 y), Klein and Litt reported a prevalence of dysmenorrhoea of 59.7%. Of patients reporting pain, 12% described it as severe; 37%, as moderate; and 49%, as mild. Dysmenorrhoea caused 14% of patients to miss school frequently.⁷⁰

Age: Primary dysmenorrhoea is predominantly confined to adolescent girls. The most severe cases are seen between the age of 15 & 19. It is rare to encounter in women over the age of 35.⁸

Race: No data suggest that race affects the incidence of dysmenorrhoea.

Mortality/Morbidity:

While primary dysmenorrhea is not life threatening, it is the most common reason, why women miss work. It is a leading cause of absenteeism for women younger than 30 years, can disrupt personal life and is a significant public health problem associated with substantial economic loss related to work absences. Ten percent of women with the condition have severe pain that can be incapacitating.⁷¹

3.7 Pathophysiology:

The etiology and pathophysiology of spasmodic dysmenorrhoea have not been fully elucidated. Nonetheless, the following may be involved⁶⁷ -

♣ Spasmodic dysmenorrhoea has some connection with the hormonal stimulus to the uterus. If the uterus has not been exposed to Progesterone, as in the cases of all anovulatory bleeding, pain is never experienced. Indeed, dysmenorrhoea only occurs in ovulatory cycles.

♣ Growing evidence suggests that the pathogenesis of primary dysmenorrhoea is due to prostaglandin F2alpha (PGF2alpha), a potent myometrial stimulant and vasoconstrictor synthesised in the secretory endometrium, under the action of progesterone. This results in increased rhythmic uterine contractions from vasoconstriction of the small vessels in the uterine wall. Increased prostaglandins synthesis also may be

responsible for the distressing gastrointestinal symptoms occasionally present. The response to prostaglandin inhibitors in patients with dysmenorrhoea supports the assertion that it is prostaglandin mediated.

♣ Substantial evidence attributes dysmenorrhoea to prolonged uterine contractions, increased myometrial tone and decreased blood flow to the myometrium leading to muscle ischaemia. So dysmenorrhoea may be comparable to Angina Pectoris in so far as the pain mechanism is considered.

♣ Leukotrienes have been postulated to heighten the sensitivity of pain fibers in the uterus. Significant amounts of leukotrienes have been demonstrated in the endometrium of women with primary dysmenorrhea that does not respond to treatment with prostaglandin antagonists

♣ The posterior pituitary hormone vasopressin may be involved in myometrial hypersensitivity, reduced uterine blood flow, and pain in primary dysmenorrhoea Vasopressin's role in the endometrium may be related to prostaglandin synthesis and release.

♣ A neuronal hypothesis has also been advocated for the pathogenesis of primary dysmenorrhoea. Type C pain neurons are stimulated by the anaerobic metabolites generated by an ischemic endometrium.

♣ Primary dysmenorrhoea has also been attributed to behavioral and psychological factors. The incidence is higher amongst affluent introspective and neurotic women. Those having a low threshold for pain and predisposed to undue fears and anxiety are most susceptible. Although these factors have not been convincingly demonstrated to be causative, they should be considered if medical treatment fails.

♣ It depends upon the presence of a neurotic constitution, the nervous system in general and the uterine nerves in particular, being in a morbid sensibility, so that the causes which might in others produce neuralgia of the head or other parts, here concentrate their force upon the uterine nerves, giving rise to hyperaesthesia which under the influence of the menstrual congestion, causes pain.²²

The following **risk factors** have been associated with more severe episodes of dysmenorrhoea ⁶⁷

1. Earlier age at menarche
2. Long menstrual periods
3. Heavy menstrual flow
4. Smoking
5. Positive family history
6. Obesity
7. Alcohol consumption

3.8 Clinical features

Primary dysmenorrhoea almost invariably occurs in ovulatory cycles and usually appears within a year after menarche. In classic primary dysmenorrhoea, the pain begins with the onset of menstruation (or just shortly before) and persists throughout the first 1-2 days, usual duration of 48-72 hours.⁶⁸

The pain is described as spasmodic, cramping and superimposed over a background of constant lower abdominal pain, which radiates to the back or anterior and/or medial thigh. Affected women experience sharp, intermittent spasms of pain, usually centered in the hypogastrium or suprapubic area.⁵²

Systemic symptoms like nausea, vomiting, diarrhoea, fatigue, fever, headache or lightheadedness and nervousness are fairly common. Vasomotor symptoms like cold sweats, pallor, faintness and collapse may be associated. A mild degree of shock may follow a very severe attack.²⁶

It is usually said that spasmodic dysmenorrhoea is often cured by child birth.⁴³

Table - 2

THE PERCENTAGE OF OCCURANCE OF ASSOCIATED GENERAL SYMPTOMS ⁶⁷

ASSOCIATED SYMPTOMS	PERCENTAGE
Malaise, fatigue	85%
Nausea & vomiting	89%
Headache	45%
Diarrhoea	60%
Low backache	60%

History:

- History is critical in establishing the diagnosis of dysmenorrhea and should include an assessment of the onset, duration, type, and severity of pain. A thorough menstrual history is also essential and should include the age at menarche, cycle regularity, cycle length, last menstrual period, and duration and amount of menstrual flow.
- Determine the factors that exacerbate or ameliorate the symptoms and the degree of disruption to school, work, and social activities.
- Also assess symptoms such as nausea, vomiting, bloating, diarrhoea, and fatigue, which may be observed in patients with dysmenorrhoea
- A family history may be present, the mother or her sister may be dysmenorrhic.⁵³

3.9 Physical Examination:

- Women with primary dysmenorrhoea usually have normal findings on physical examination.
- With a typical history and a lack of abnormal findings on routine pelvic examination, further diagnostic evaluation is not needed.

- A pelvic examination is indicated at the initial evaluation, which should be carefully performed in order to exclude uterine irregularities, cul-de-sac tenderness, or nodularity that may suggest endometriosis, pelvic inflammatory disease, or a pelvic mass.⁷²

3.10 Differential diagnosis

The most important differential diagnosis of primary dysmenorrhoea is Secondary dysmenorrhoea. Others include ⁶⁷ –

“Abdominal Trauma, Blunt

“Dysfunctional Uterine Bleeding

“Endometriosis

“Inflammatory bowel disease

“Irritable bowel syndrome

“Ovarian Cysts

“Ovarian Torsion

“Ovarian neoplasm

“Pelvic inflammatory disease

“Pregnancy, Ectopic

“Vaginitis

“Vulvovaginitis

“Sexual Assault

“Syphilis

“Peritonitis

“Urinary tract infection

“Uterine neoplasm

“Arthritis & Disc lesions

3.11 Lab Studies:

* No tests are specific to the diagnosis of primary dysmenorrhoea. Diagnosis is made based on clinical findings.⁶⁸

* The following can be performed to exclude organic causes of dysmenorrhoea ³¹:

- Cervical culture to exclude sexually transmitted diseases
- Complete blood count
- WBC count to exclude infection
- Human chorionic gonadotropin level to exclude ectopic pregnancy
- Cancer antigen 125 (CA-125) assay: This has limited clinical value in evaluating women with dysmenorrhoea because of its relatively low negative predictive value.
- Urine analysis
- Erythrocyte sedimentation rate (While nonspecific, erythrocyte sedimentation rate can help the physician to identify the patient with subacute salpingitis.)
- Stool guaiac ⁶⁶

Imaging Studies:

- Noninvasive studies may include abdominal and trans vaginal ultrasound. Pelvic ultrasound scans are indicated to evaluate for situations such as ectopic pregnancy, ovarian cysts, fibroids, and intrauterine contraceptive devices. This is a highly sensitive test for detecting pelvic masses.
 - Hysterosalpingograms are used to exclude endometrial polyps, leiomyomas, and congenital abnormalities of the uterus.
 - Intravenous pyelograms are indicated if uterine malformation is confirmed as a cause or contributing factor for the dysmenorrhoea.
 - Diagnostic laparoscopy and/or laparotomy: Gynecologic consultation with visualization of the pelvic organs is the definitive procedure of choice for evaluation; however, it is rarely required.
 - Other more-invasive studies, including laparoscopy, hysteroscopy, and dilatation and curettage, may be required.
- An endometrial biopsy may be indicated if endometriosis is suspected.⁶⁷

3.12 Complications:

- * Dysmenorrhea may be misdiagnosed and underlying pathology missed if initial laboratory studies and physical examination with close follow-up care are not provided.
- * Anxiety, depression, or both may result.
- * Infertility secondary to underlying pathology is a possible complication.⁷¹

3.13 Prognosis:

- § Prognosis for primary dysmenorrhoea is excellent with the use of antiprostaglandins. Some studies have noted relief as high as 80%.
- § Surgical treatment for primary dysmenorrhoea has had variable success and is determined by the gynecologist.⁶⁸

Medical Care:

- Grading dysmenorrhoea according to severity of pain and limitation of daily activity may help to guide the treatment strategy.
- In addition to pain relief, other mainstays of treatment include reassurance and education.⁶⁶

Surgical Care:

- * Surgery is generally not indicated for patients with primary dysmenorrhoea.⁶⁸
- * In refractory cases of dysmenorrhoea, laparoscopic presacral neuroectomy has been efficacious in some patients for as long as 12 months after treatment⁶⁷

3.14 Patient Education:

- Ø Symptomatic treatment with a warm bath or locally applied heat may provide relief.
- Ø Exercise decreases the severity of menstrual cramps.
- Ø Dietary supplementation with omega-3 fatty acids relieves pain in adolescents. Both a low-fat vegetarian diet and fish-oil supplements have been reported to reduce menstrual pain in some women.
- Ø Advice proper personal hygiene.
- Ø Adequate rest, but in between she should be pre occupied by some work or study.
- Ø Encourage patients to stop smoking and decrease alcohol use.
- Ø Explanation of reproductive physiology and reassurance.⁶⁹

3.15 SECONDARY DYSMENORRHOEA

Secondary dysmenorrhoea is defined as menstrual pain resulting from anatomic and/or macroscopic pelvic pathology. This condition is most often observed in women aged 30-45 years.⁶⁷

Synonyms

Congestive, Extrinsic, Organic dysmenorrhoeas²⁴

Aetiology

A number of factors may be involved in the pathogenesis of secondary dysmenorrhoea. The following pelvic pathologies can lead to the condition⁶⁶:

- Endometriosis and Adenomyosis
- Pelvic inflammatory disease
- Ovarian cysts and tumors
- Cervical stenosis or occlusion

- Fibroids
- Uterine polyps
- Intrauterine adhesions
- Congenital malformations (eg, bicornuate uterus, subseptate uterus)
- Intrauterine contraceptive device
- Transverse vaginal septum
- Pelvic congestion syndrome
- Allen-Masters syndrome
- Mittelschmerz

Table - 3

POSSIBLE CAUSES OF SECONDARY DYSMENORRHOEA ⁶⁸

UTERINE CAUSES	EXTRA UTERINE CAUSES
Adenomyosis	Endometriosis
Pelvic inflammatory disease	Inflammation & scarring (adhesions)
Cervical stenosis & polyps	Functional ovarian cysts
Fibroids (intracavitary or intramural)	Benign or malignant tumours of ovary, bladder or other sites
Intrauterine contraceptive devices	Inflammatory bowel diseases

In secondary dysmenorrhoea, the patient may have onset of pain a week or more prior to the onset of menses, and pain may continue for a few days after cessation of flow or it may be relieved by the onset of flow.

This is usually associated with abdominal bloating, flatulent distension of upper colon, constipation, feeling of fullness and heaviness of breasts, pelvic heaviness, and back pain. Typically, the pain progressively increases during the luteal phase until it peaks around the onset of menstruation.⁶⁶

The following may indicate secondary dysmenorrhoea ⁶⁷-

- Ø Dysmenorrhoea occurring during the first or second cycles after menarche, which may indicate congenital outflow obstruction.
- Ø Dysmenorrhoea beginning after the age of 25 years.

Ø Patients presenting with secondary dysmenorrhoea may have unique and specific findings on physical examination that correspond to their particular pathologies like fibroids, endometriosis, pelvic inflammatory diseases, pelvic adhesions, adenomyosis, ovarian cysts etc.

Ø Little or no response to therapy with NSAIDs, Oral Contraceptives or both.

Surgical Care:

In patients with secondary dysmenorrhoea, treatment of the underlying pathology may necessitate surgical intervention.

PART II. 3.16 MEDICINAL MANAGEMENT

It may be remembered while attempting drug therapy that, in homoeopathy there are no specific medicines for diseases and one has to individualise each and every case on the basis of the totality of symptoms. Long acting, constitutional medicines and short acting palliative medicines are available. A vast number of medicines prepared from vegetable, animal and mineral kingdoms, nosodes, sarcodes and imponderabilia have been described in various literatures for the management of dysmenorrhoea. The following is a brief description of these medicines –

ABROMA AUGUSTA

Dysmenorrhoea, irregular menses with severe pain of the pelvis. Patient lacks energy to leave the bed. Acts as a sedative.⁶

ABROTANUM

Darting & twitching in both ovaries with dysmenorrhoea. Ravenous hunger, losing flesh while eating well.³⁷

ACETANILIDUM

Neuralgic pains .Of great service in dysmenorrhoea.²⁰

ACONITUM NAPELLUS

Maniacal fury on the appearance of menses. Stitching pains move to right of fundus uteri, sharp shooting pains, abdomen exceedingly sensitive. Labour -like pressing in womb. Uterine haemorrhage, active. Much excitability, giddy, cannot sit up, anxiety, fear of death. Pains are intolerable, driving to desperation. The pains are tearing, cutting, attended with restlessness, numbness, tingling, or formication. Cannot bear the pain, cannot bear to be touched, cannot bear to be covered.¹⁷

AETHER

In dysmenorrhoea with violent spasms & excruciating pains, no remedy can equal it.¹⁶

AGARICUS

Menses, increased, earlier. Itching and tearing, pressive pains of genitals and back. Spasmodic dysmenorrhoea. Severe bearing-down pains.¹²

During menses: headache, toothache, pain and itching in left ear, > by boring, labour-like pains, itching, palpitation, salivation.¹⁷

AGNUS CASTUS

Dysmenorrhoea with ovarian neuralgia, headache, vertigo, pain in pelvis & loins.⁴⁴

ALETRIS FARINOSA

Premature and profuse menses, with labour-like pains. Retarded and scanty flow. Uterus seems heavy. Anaemic girls.¹²

ALOE SOCOTRINA

The menstrual flow is excessive, dark and clotted, and is associated with sacral pain, relieved by moving. The patient sometimes complains of a lump of fullness between the symphysis and coccyx, which may have its origin either in the bladder, the vagina or the rectum.⁵¹

ALUMINA

Menses too early, short, scanty, pale, followed by great exhaustion. Leucorrhoea running down to the heels.¹²

During the period of menstruation, sleep agitated, with many dreams, great activity in the circulation, heat in the face, headache, and palpitation of the heart.¹⁷

AMMONIUM ACETICUM

In dysmenorrhoea relieves the paroxysms of pain. Produces a rapid sedative action upon the uterus.³⁴

AMMONIUM CARBONICUM

Cholera like symptoms at the commencement of menstruation. Menses too early, profuse, preceded by griping colic; acrid, makes the thighs sore; copious at night and when sitting with toothache, colic, sadness, fatigue, especially of thighs; yawning and chilliness.¹

Before and during the catamenia, colic and pains in the loins, pressure on the matrix, cuttings, acute drawings in the back and in the genital, desire to lie down, paleness of the face, shivering & coryza.¹⁷

AMYLENUM NITROSUM

During catamenia most violent left sided headache, beginning in morning; most violent at noon, lasting till evening, with frequent vomiting. Neuralgia during catamenia. Nervous dysmenorrhoea.³⁶

ANACARDIUM ORIENTALE

Pain in abdomen with pressing in uterus. Menses scanty but frequent. Dysmenorrhoea. Spasmodic pains deep in abdomen.³⁶

ANANTHERUM

Menstruation anticipating, copious, ovary painful, stitches in uterus during menses; pressure in uterus, tightening stitches in womb.²

ANTIMONIUM CRUDUM

Before menses, toothache; menses too early and profuse.¹²

Tenderness over ovaries after menses checked by a bath. Pressure in the uterus as if something would come out of it. Thick milky white coating of tongue.¹⁷

ANTIMONIUM TARTARICUM

Sensation as if a heavy weight was tugging at coccyx. Severe bearing down in vagina. Menses too early, only for two days. Before menses, pains in groins and cold creepings. Dysmenorrhoea. Great sleepiness.³⁶

ANTIPYRINUM

Intense dysmenorrhoea with depression.¹⁷

APIS MELLIFICA

Dysmenorrhoea, with severe ovarian pains, with heavy abdomen, faintness, burning, stinging pain. Sense of tightness. Great tenderness over abdomen and uterine region.¹²

Menstruation suppressed or diminished, with congestion to the head. Labour-like, bearing-down pains, followed by dark, bloody mucus.¹⁷

APIOLUM

Neuralgic dysmenorrhoea & menstrual derangements.¹¹

APIUM GRAVIOLENS

Dysmenorrhoea, with sharp, short pains, better flexing legs. Sharp sticking pains in both ovarian regions, better bending over, by lying on left side, nipples tender.¹²

AQUILEGIA

Dysmenorrhoea of young girls. Menses scanty, with dull, painful, nightly increasing pressure in the right lumbar region.¹²

ARALIA RACEMOSA

Dysmenorrhoea, pain intermits, pressing from the sacrum to the hypogastrium, with scanty flow.³³

ARANEA DIADEMA

Dysmenorrhoea, spasms commencing in stomach. Catamenia too early, too frequent, too profuse, of too long duration.¹⁷

ARGENTUM NITRICUM

Gastralgia at the beginning of menses. Intense spasm of chest muscles.¹²

Menses irregular, scanty with asthma. All symptoms worse before and during menses. Region of ovaries painful, with pains radiating to sacrum and thighs.¹⁷

Withered, dried up, old looking women. Apprehensive.¹

ARISTOLOCHIA CLEMATITIS

Dysmenorrhoea, infrequent menses. Legs heavy, fingers & toes swollen, varicosities before menses.⁴⁸

ARSENICUM ALBUM

Menses too profuse and too soon. Burning in ovarian region. Pain as from red-hot wires; worse least exertion; causes great fatigue; better in warm room. Menorrhagia. Stitching pain in pelvis extending down the thigh. < mid day, mid night.¹²

Great prostration, mentally restless, anxious, fear of death.¹ **ARSENICUM IODATUM**

Menses absent or suppressed, copious, frequent, late, painful, short. Haemorrhage from the uterus; pain in ovaries, especially the right; sore, bruised genitals and ovaries.⁴¹

ASARUM EUROPEUM

Menses too early, long lasting, black. Violent pain in small of back.¹²

ASCLEPIAS SYRIACA

Neuralgic, intermittent, bearing-down, labour-like pains pressing from sacrum to hypogastrium, with scanty flow.⁵⁶

ARTEMASIA VULGARIS

Violent contractions of uterus. Spasms during menses. Irregular or deficient menstruation with epileptic convulsions.¹⁷

AVENA SATIVA

Nervous headache at menstrual period, with burning at top of head. Dysmenorrhoea, with weak circulation.¹²

BARYTA CARBONICA

Before menses, pain in stomach and small of back. Menses scanty.¹²

Before and during menses: toothache, colic, pain in back.¹⁷

BARYTA MURIATICA

Catamenia too early. Pains, as from a bruise, in the cavity of pelvis.¹⁷

BELLADONNA

Pain in sacrum. Menses bright red, too early, too profuse. Cutting pain from hip to hip. Pain comes & goes suddenly, congestion with red face.¹²

Before the catamenia, fatigue, colic, loss of appetite, and confused sight. During the catamenia, nocturnal sweat on the chest, with yawning and transient shiverings, congestion, throbbing of brain & carotids, colic, burning thirst, sharp and cramp-like pains in the back and in the arms. Menstrual discharge, feeling very hot like the sealing-wax.¹⁷

BERBERIS VULGARIS

Catamenia insufficient, with acute drawing pains in the whole body, painful inflation of the abdomen, pain in the loins, shootings in the chest, with violent pains in the head, or with ill-humour, disgust of life, dejection, smarting pains in the vagina, renal colic, pains in the arms, as far as the shoulders and the nape of the neck.¹⁷

BORAX

Menses too soon, profuse, with gripping, nausea and pain in stomach extending into small of back. Membranous dysmenorrhoea.¹²

During catamenia, pulsative pains in the head, buzzing in the ears, nausea, pains in the stomach and in the loins, or shootings and aching in the groin.¹⁷

BOVISTA

Menses: flow only at night; not in the daytime, diarrhoea before and during menses, occasional show every few days between periods, every two weeks, dark and clotted; with painful bearing down.¹

Menses too early and profuse; worse at night. Voluptuous sensation. Cannot bear tight clothing around waist. Traces of menses between menstruation. Soreness of pubes during menses.¹²

BRACHYLOTTIS

Throbbing pains. Dysmenorrhoea with fluttering in abdomen and right ovary. Pains in the back and limbs. Chilliness predominates.¹⁷

BROMIUM

Membranous dysmenorrhoea.¹

Menses too early; too profuse. Low spirited before menses.¹²

During menses pain in abdomen and small of back. with much exhaustion, Violent contractive spasm before or during menses, lasting hours, leaving the abdomen sore.¹⁷

BRYONIA ALBA

Menses too early, too profuse, with tearing pains in legs; suppressed, with vicarious discharge or splitting headache. Stitching pain in right ovary as if torn, extending to thigh. <by motion, >by absolute rest & lying on painful side. Pain in breasts at menstrual period.¹²

BUTHUS AUSTRALIS

Dysmenorrhoea at the end of the periods. Menses scanty.²⁹

CACTUS GRANDIFLORUS

Dysmenorrhoea; pulsating pain in uterus and ovaries. Menses early, dark, pitch-like, ceases on lying down. Constriction of heart, uterus, vagina, bladder & rectum.¹²

Most terrible pains, causing her to cry out aloud & weep.⁵⁶

CAJAPUTUM

Menses suspended, or diminished and attended with pain, when caused by a cold or check of perspiration.¹⁷

CALCAREA ACETICA

Membranous dysmenorrhoea.¹²

CASTOREUM

Dysmenorrhoea; blood discharged in drops with tenesmus. Pain commences in the middle of the thighs.¹²

CALCAREA CARBONICA

Before menses: headache, colic, chilliness and leucorrhoea. Menses too early, too profuse, too long, with vertigo, toothache and cold, damp feet; the least mental excitement causes their return. Burning and itching of parts before and after menstruation; in little girls. Breasts tender and swollen before menses. Leucophlegmatic, obese, desires eggs, sweats profusely.¹²

CALCAREA PHOSPHORICA

Dysmenorrhoea in rheumatic patients, labour-like pains.¹⁷

Menses too early, excessive and bright in girls. If late, blood is dark; sometimes, first bright, then dark, with violent backache.¹²

Girls at puberty, emaciated, pains <when thinking about them.¹

CANNABIS INDICA

Menses profuse, dark, painful, without clots. Backache during menses. Uterine colic, with great nervous agitation and sleeplessness. Dysmenorrhoea with sexual desire. Forgetful, time seems too long.¹²

CANTHARIDES

Menses too early, too profuse. Membranous dysmenorrhoea.¹⁵

Burning pain in ovaries; extremely sensitive. Pain in os coccyx, lancinating and tearing. Constant urging to urinate.¹²

CARBO ANIMALIS

Menses too early, frequent, long lasting, followed by great exhaustion, so weak, can hardly speak. Flow only in morning. Burning in vagina and labia. Darting in breast; painful indurations in breast.¹²

CARBONEUM SULPHURICUM

Complaints worse before, during and after menses. Menses excoriating; black; dark; delayed first menses; irregular; late or too soon; offensive; copious at first, later scanty, short, suppressed, slow passive haemorrhage from uterus. Pain in uterus; burning; soreness.¹⁷

CARBO VEGETABILIS

During menstruation, burning in hands and soles. Cachectic women with low vitality, weak digestion, excessive flatulence.¹²

During catamenia, vomiting and pains in teeth, head, loins, and abdomen. Itching, burning, excoriation, and swelling at the vulva.¹⁷

CAULOPHYLLUM

Dysmenorrhoea, with pains flying to other parts of body.¹²

Erratic pains changing place every few minutes. Pains are intermittent, paroxysmal, spasmodic. Chorea, hysteria or epilepsy at puberty, during establishment of menstrual functions.¹

Before menses: pain in small of back, great aching and soreness of lower limbs, bitter taste, vertigo, chilliness, flow very scanty, blood very light, with intense nausea and vomiting of yellow bitter matter, pain unremitting for several hours, habitual cold feet became warm.¹⁷

CAUSTICUM

Difficult first menstruation. During menses no blood is passed at night. Before the catamenia, melancholy, sacral pains, and colic. During catamenia, pains in the loins, cuttings, and paleness in the face, yellowness of the face, vertigo. Rawness & soreness, sympathetic.¹⁷

CERIUM OXALICUM

Dysmenorrhoea in fleshy, robust women. Better when flow is established.¹²

CHAMOMILLA

Spasmodic dysmenorrhoea with great impressionability & fretfulness.¹⁹

Pain: seems unendurable, drives to despair; <by heat; < evening before midnight; with heat, thirst and fainting with numbness of affected part; eructation <. One cheek red and hot, the other pale and cold. Oversensitive to open air; Toothache during menses. Complaints from anger.¹

Uterine haemorrhages. Profuse discharge of clotted, dark blood, with labour -like pains. Patient intolerant of pain.¹²

CHININUM SULPHURICUM

During the catamenia, violent shocks and squeezing in the abdomen, extending upwards from the umbilical region to the chest, with forcing pain in the direction of the groins.¹⁷

CHLORALUM

Severe spasmodic pains in and about the uterus.

Dysmenorrhoea. Pains very severe and labour like.³⁶

CHLOROFORM

It has been used in many spasmodic diseases, with great benefit, especially in dysmenorrhoea.¹⁶

CICUTA VIROSA

Menses delayed, spasmodic symptoms. Tearing and drawing in coccyx during menses.¹⁷

CIMICIFUGA RACEMOSA

Menses irregular, exhausting with chorea, hysteria or mania; increase of mental symptoms during. Spasms: hysterical or epileptic; reflex from uterine disease; <during menses; Severe left sided infra-mammary pains. Sharp, lancinating, electric-like pains in various parts, with ovarian or uterine irritation; in uterine region, dart from side to side.¹

Rheumatic dysmenorrhoea.⁶¹

CINCHONA

Menses too early, dark clots and abdominal distension. Profuse menses with pain. Painful heaviness in pelvis.¹²

Colic: at a certain hour each day, <slightest touch, >hard pressure. Great debility, trembling, aversion to exercise, sensitive to touch, to pain, to drafts of air; entire nervous system extremely sensitive. Broken down, loss of vital fluids, excessive flatulence.¹

CINNABARIS

A few days before appearance of menses, and during their continuance, tearing pain in forehead, sensation of weakness in eyes, tearing pains and cramps in bowels, with diarrhoea and great prostration.³⁶

COCCULUS

Suits cases on the borderland between the neuralgic & congestive types of dysmenorrhoea. Uterine cramps with irregular menses.²⁵

Dysmenorrhoea, with profuse dark menses, clotted, with spasmodic colic. Painful pressing in uterine region, followed by haemorrhoids. So weak during menses, scarcely able to stand, can scarcely speak.¹⁷

COFFEA

Dysmenorrhoea, large clots of black blood. Hypersensitive vagina.¹²

Ailments from bad effects of sudden emotions or pleasurable surprises exciting or bad news. Pains are felt intensely; seem almost insupportable, driving patient to despair, tossing about in anguish.¹

COLLINSONIA

Pelvic and portal congestion resulting in dysmenorrhoea and haemorrhoids.¹

Dysmenorrhoea; pain on sitting down. Membranous dysmenorrhoea, with constipation. Cold feeling in thighs after menstruation.¹²

COLOCYNTHIS

Agonizing pain in abdomen causing patient to bend double, with restlessness, twisting and turning to obtain relief > by hard pressure. Menses, suppressed by chagrin, colicky pains.¹

Boring pain in ovary, wants abdomen supported by pressure. Bearing down cramps.¹²

CONIUM MACULATUM

Dysmenorrhoea, with drawing-down thighs. Breasts enlarge and become painful. Rashes before menses. Vertigo when lying down or turning in bed.¹²

During catamenia, cramps in the uterus, with pinching or contracting, accompanied by tension in the abdomen, and shootings extending into the left side of the chest.¹⁷

CROCUS SATIVUS

Dysmenorrhoea: flow black; stringy, clotted Sensation as if something alive were moving in the stomach, abdomen, uterus, arms or other parts of the body.¹

Uterine haemorrhage; clots with long strings; worse from least movement. Jerking pain in interior of left breast, as if drawn back by means of thread.¹²

CROTALUS CASCABELLA

Violent lancinations like knife-stabs in uterus and anus.¹⁷

CROTALUS HORRIDUS

Dysmenorrhoea; pain extends down thighs, with aching in region of heart. Uterine haemorrhage with faintness at stomach. Sensation as though uterus would drop out. Painful drawing in uterine ligaments.¹²

CUPRUM METALLICUM

Before and during menses, cramps, convulsions, piercing shrieks, spasmodic dyspnoea, violent palpitation.¹⁷

CURARE

Dysmenorrhoea, menses too early, during menses, colic, headache, kidney pain.¹²

CYCLAMEN

Leucophlegmatic persons with anaemic or chlorotic conditions.

Deranged menses accompanied by vertigo, headache, dim vision. Pains; pressive or tearing of parts where bones lie near the surface.¹

Menses profuse, black, membranous, clotted, too early, with labour-like pains from back to pubes. Flow less when moving about. Menstrual irregularities with fiery spots before eyes.¹²

DAMIANA

Dysmenorrhoea and leucorrhoea in women.¹⁷

DERRIS PINNATA

Dysmenorrhoea with cramping & bearing down pains.²⁹

DIOSCOREA

Violent twisting colic, occurring in regular paroxysms, as if intestines were grasped and twisted by a

powerful hand. Colic pains < from bending forward and while lying; >on standing erect or bending backwards.¹

Dysmenorrhoea, spasmodic uterine colic, pains suddenly fly to distant parts. Cramps in fingers and toes alternating with uterine pains.¹²

DULCAMARA

Dysmenorrhoea, with blotches all over; mammae engorged and sore, delicate, sensitive to cold.¹²

Catamenia retarded, and too abundant, blood watery, thin. Miliary eruption before the catamenia.¹⁷

DYSENTRY- CO

Dysmenorrhoea, throbbing sensation in the pelvis & perineum.⁴⁰ **ELAPS**

Dysmenorrhoea, with black blood.¹²

ERIGERON

Metrorrhagia with violent irritation of rectum and bladder, with diarrhoea and dysuria. Very profuse flow of bright-red blood, every movement of patient increases the flow, pallor and weakness.¹⁷

EUPHRASIA

Menses painful; flow lasts only an hour or day; late, scanty, short.¹²

EUPION

Congestive dysmenorrhoea.¹⁷

During menses, irritable and disinclined to talk; burning and

stitches in chest and heart, with severe backache.¹²

FERRUM METALLICUM

Copious flow of blood, at one time liquid, at another black and coagulated, accompanied by pains in the sacral region and abdomen, similar to those of child-birth. Paleness of the face, becomes flushed on least pain, emotion.¹⁷

FERRUM PHOS

Menses every three weeks, with bearing-down sensation and pain on top of head.¹²

Dysmenia, with accelerated pulse and red face, with pressure in abdomen and small of back.¹⁷

FRAXINUS AMERICANUS

Uterus enlarged, and patulous with bearing-down sensation, cramping in feet, worse in afternoon and night. Dysmenorrhoea.¹²

FOLLICULINUM

Menses painful for the first few days. Pre menstrual pains.⁴⁸

GASTEIN

Membraneous dysmenorrhoea.¹⁷

GELSEMIUM

Dysmenorrhoea, with scanty flow. Aphonia and sore throat during menses. Sensation as if uterus were squeezed. Dull, dizzy & drowsy.¹²

Neuralgic & congestive dysmenorrhoea when bearing down co-exists. Sharp labour like pains in uterus extending to hips & back & even extend down the thighs. Bad effects from fear, sudden emotions.²⁷

GLONOINUM

During menstruation: congestion of blood to head and chest; fainting, accompanied by lumbar pain; pupils dilated; < at night; some relief from hot fomentations. Headache in place of menses.³⁶

GNAPHALIUM

Weight and fullness in pelvis, dysmenorrhoea, with scanty and painful menses, with numbness.¹²

GOSSYPIUM

Menses too watery, backache, weight and dragging in pelvis. Stinging pain in both ovarian regions, and at the same time drawing towards uterus, lasting about ten minutes at a time.¹⁷

GRAPHITES

Menses too late, with constipation; pale and scanty, with tearing pain in epigastrium. Hoarseness, coryza, cough, sweats and morning sickness during menstruation.¹²

During the catamenia, toothache, or cramps and violent cuttings in the abdomen, headache, nausea, pain in the chest, and weakness. Obese women at climacteric, unhealthy skin.¹⁷

GRATIOLA

Shootings in right breast, worse on rising, during menses. Menses too profuse, premature, and too long.¹⁷

GUAIAACUM

Membranous dysmenorrhoea in rheumatic women.¹⁷

GUN POWDER

An excellent remedy for painful & scanty menses.¹⁰

HAEMATOTOXYLON

Colic, as if the catamenia were going to appear, with slimy, whitish discharge from the vagina.¹⁷

HAMAMELIS

Dysmenorrhoea, with severe pains through the lumbar and hypogastric region and down the legs, fullness of the brain and bowels, with severe pain through the whole head, causing stupor, deep sleep, varicose veins. Active uterine haemorrhage, flow dark, profuse.¹⁷
Ovarian dysmenorrhoea.³⁹

HEDEOMA

Excessive bearing-down pains with pressure towards vulva, from whole lower abdomen, accompanied by almost unendurable pains in back, drawing down from upper sacral spine, extending to epigastrium and stomach, like veritable labour pains, <by the least movement.¹⁷

HELIOTROPIUM

Membranous dysmenorrhoea, with backache, especially if subject to loss of voice.¹⁷

HELONIAS

Weight and soreness in womb; Conscious of womb, prolapse. Menses too frequent, too profuse.¹²

HYDRASTIS

Dysmenorrhoea; great prostration and anaemia. Severe pains in bowels and uterine region, felt like wind; Sharp pains around umbilicus, extending to left ovarian and splenic region; continual moaning and distressing outcries; very restless; sleepless.³⁶

HYOSCYAMUS

Before menses, hysterical spasms. During menses, convulsive movements, urinary flux and sweat. Lascivious mania.¹²

HYPERICUM

Menses too late, headache, sickening pain in abdomen, sensitive to noises. Tension in region of uterus, as from a tight bandage.¹⁷

ICHTHYOLUM

Dysmenorrhoea, fullness in lower abdomen, nausea during menses.²³

IGNATIA

Menses, too early, too profuse, or scanty. During menses great languor, with spasmodic pains in stomach and abdomen. Mentally & physically exhausted by long concentrated grief.¹²

During the catamenia, heaviness, heat, and pain in the head, photophobia, colic, and contractive pains, anxiety, palpitation of the heart, and great fatigue, even to fainting. Cramp-like and compressive pains in the region of the uterus, with fits of suffocation. Hysterical nervous temperament.¹⁷

IODOFORMUM

Membranous dysmenorrhoea, it has been employed with gratifying results.¹⁶

IODUM

Great weakness during menses, wedge-like pain from ovary to uterus. Dwindling of mammary glands. Emaciation, eats well yet loses flesh.¹²

Weakness, palpitation of the heart, and many sufferings, before, during and after the catamenia.¹⁷

IPECACUANHA

Uterine haemorrhage, profuse, bright red, gushing, with constant nausea, pain from navel to uterus. Menses too early and too profuse.¹²

Troublesome sensation, as of bearing down towards the genital parts, and towards the anus.¹⁷

IRIS VERSICOLOR

Neuralgia and rheumatism of uterus. Inflammation and soreness of uterus, very sensitive to touch, pain across umbilicus, griping at intervals, nausea and vomiting.¹⁷

JABORANDI

Cured dysmenorrhoea in a young woman to whom it was given for increased eye tension.¹⁷

JONOSIA ASOKA

Dysmenorrhoea, painful thighs & abdomen with black discharge.⁶

JUNIPERUS COMMUNIS

Has a popular repute as a remedy for dysmenorrhoea.¹⁷

KALI BICHROMICUM

Menstruation too early, with giddiness, nausea, and headache, suppression of urine or red urine. Membranous dysmenorrhoea.¹⁷

KALI CARBONICUM

Menses early, profuse or too late, pale and scanty, with soreness about genitals; pains from back pass down through gluteal muscles, with cutting in abdomen. Difficult first menses.¹²

Feels badly week before menstruation, backache, before and during menses. Pains stitching < rest, lying on affected side. Backache, debility & sweating, inclined to obesity.¹

KALI FEROCYANATUM

Menses: too frequent and too profuse, late, metrorrhagia. Passive flow, natural colour, thin, causing much debility, with pain in small of back. Sensitiveness of hypogastrium.¹⁷

KALI IODATUM

Menses late, profuse, during menses uterus feels as if squeezed.¹²

Sudden dragging in groins so that she must bend together, with frequent yawning, weariness in thighs, griping in abdomen, extending to thighs, restlessness, chilliness, gooseflesh, with anxiety and warmth in head, then eructations and rumbling in abdomen.¹⁷

KALI NITRICUM

Catamenia too early, too profuse, with discharge of blood black as ink. Before and during catamenia, violent pains in abdomen and sacrum.¹⁷

KALI PHOSPHORICUM

During menses: sharp bearing-down pain, sensation of being bloated to bursting, restlessness, better moving and lying on abdomen, sharp pain through left ovary, better lying on back, and by bending double, dull bursting headache, pain in left leg and groin, tired.¹⁷

KALMIA

Menses too early with pain in limbs and back and inside of thighs.¹²

KREOSOTUM

During menses, difficult hearing; buzzing and roaring; eruption after. Burning and soreness in external and internal parts.¹²

Discharge of foetid wind, constipation, and incarceration of flatus, with pressive pains, colic, cuttings, sacral pains, constant shivering, or sweat on the back, and on the chest. Menses flow only when lying down, cease on sitting or walking about.¹⁷

LAC CANINUM

Menses too early, profuse, flow in gushes. Breasts swollen; painful before and better on appearance of menses. Backache; spine very sensitive to touch or pressure, shifting pains.¹²

Membranous dysmenorrhoea, pain in left groin, with bearing down and nervousness.¹⁷

LAC FELINUM

Great weight and bearing down in pelvis, like falling of the womb, as if she could not walk, worse when standing. Pain in pelvis through hips on pressure, as when placing arms akimbo.¹⁷

LACHESIS

Menses at regular time, too short, too feeble; pains all relieved by the flow. Acts especially well at beginning and close of menstruation. Pains begin on the left & goes to right. Great sensitiveness to touch. Loquacious, jealous women.¹²

Menstrual colic, beginning in left ovary. On the appearance of the catamenia, sacral pains, with pain as of a fracture in hips and chest.¹⁷

LAPIS ALBUS

Painful menses: suddenly taken with pain so severe that she swoons. Faints with pain at menses. Severe pain preceding the flow.¹⁷

LAUROCERASUS

Tearing in head, odontalgia, and cuttings, during catamenia. Severe pain in sacral region extending to pubis with dizziness and dimness of vision, cold extremities, cold tongue, great melancholy. Dysmenorrhoea, colic first day, headache second day with or without sick feeling.¹⁷

LILLIUM TIGRINUM

Menses early, scanty, dark, clotted, offensive; flow only when moving about, bearing-down sensation with urgent desire for stool, as though all organs would escape, ceases when resting.¹²

LOBELIA INFLATA

During menstruation violent pain in sacrum.¹⁷

LYCOPodium

During menses: delirium, with tears, headache, pain in loins, swelling of feet, fainting, vomiting of sour matter, colic, and pain in the back. Menstruation too late, lasts too long, profuse, protracted, with labour-like pains followed by swooning, with sadness. Upper part of the body emaciated, lower semi dropsical. Excessive flatulence, < 4-8 pm, thirst for warm drinks.¹⁷

MACROTinum

Menses scanty and dark; clotted; afterwards increased in quantity.

Dysmenorrhoea; pain not relieved for several hours after the flow has commenced.³

MAGNESIA CARBONICA

Sore throat, coryza and nasal stoppage before menses appear. Menses too late and scanty, thick, dark, like pitch. Menses flow only in sleep; more profuse at night or when lying down; cease when walking.¹²

Constant headache, at each excessive menstrual period. Falls down in a dead faint at each menstrual period, with aching pains in limbs, which feel useless, and left ovarian pain.¹⁷

MAGNESIA MURIATICA

Menses black, clotted. Pain in back and thighs. Metrorrhagia; worse at night. Great excitement at every period. Tinea ciliaris, eruptions in face and forehead worse before menses.¹²

During catamenia: paleness of face, with pains in loins and depression, fainting, pain in left leg. Cramps in uterus.¹⁷

MAGNESIA PHOSPHORICA

Menstrual colic, membranous dysmenorrhoea.¹²

Menses: early; flow dark, stringy; pains < before, > when flow begins. Pains darting, like lightning, shooting, < right side, > by heat and bending double.¹

During painful menstruation, it is quicker in its action than any other remedy for dysmenorrhoea of the neuralgic variety.⁵⁰

MAGNESIA SULPHURICA

Catamenia too early and too copious, with thick, black menstrual blood. During the catamenia, heaviness of head and shivering, bruised pain in small of back, pain in groins.¹⁷

MANGANUM ACETICUM

Catamenia too early, frequent and scanty. Pressure in genital organs.¹⁷

MEDORRHINUM

Menses profuse, dark, clotted, stains difficult to wash out, urinates frequently at that time. Sensitive spot near os uteri. Ovarian pain, worse left side, or from ovary to ovary. Breasts cold, sore, and sensitive during menses.¹²

Intense menstrual colic, with drawing up of knees and terrible bearing down labour-like pains; must press feet against support, as in labour. < sunrise to sunset.¹

MELILOTUS

Menses scanty, intermit, with nausea and bearing-down. Sticking pain in external parts. Dysmenorrhoea. Ovarian neuralgia.¹²

During menses: headache, vertigo, stiffness in back and limbs. Severe sharp sticking, shooting pains in external genitals.¹⁷

MERCURIUS SOLUBILIS

Menses profuse, with abdominal pains, sensation of rawness in parts. Stinging pain in ovaries. Mammae painful and full of milk at menses. Pains < at night. Profuse perspiration & salivation, moist tongue with thirst.¹²

MERCURIALIS PERENNIS

Menses: short, with abdominal cramp, too late. Great swelling and painfulness of breasts, headache, faint-like weakness, compelled to lie down.¹⁷

MITCHELLA

Dysmenorrhoea and uterine haemorrhage; blood bright red.¹²

MOMORDICA BALSAMINA

Painful and profuse menses; labour-like pains, followed by gushes of blood; pain at small of back coming towards front of pelvis.¹²

MORBILLINUM

Dysmenorrhoea; with haemorrhage of bright red blood.¹³

MORGAN

Congestive dysmenorrhoea. Headache at menstrual onset, accompanied by ovarian pain.¹

MOSCHUS

Menses too early, too profuse, with disposition to faint. Sexual desire, with intolerable titillation in parts. Drawing and pushing in the direction of the genitals; sensation as if menses appear.¹²

MURIATIC ACID

Sensation of a bearing down towards genital organs, as if preparatory to catamenia. During menses sad and taciturn, much sensitiveness and general weakness. Cannot bear the least touch even of sheets on genitals.¹⁷

MUREX

Conscious of a womb. Feeling as if something was pressing on a sore spot in the pelvis; worse sitting. Pain from right side of womb to right or left breast. Least contact of parts causes violent sexual excitement. Sore pain in uterus. tenesmus and sharp pains, extending toward breasts; aggravated lying down. Dysmenorrhoea.¹²

NAJA

In women, pain in the left ovary extending up towards the cardiac region, and relieved by the onset of menstruation. When the pain is severe, the flow stops and the abdomen is tender to touch.⁵¹

NATRUM CARBONICUM

Menses late, scanty, like meat-washings. Catamenia too early, with headache, sacral and abdominal pains.¹⁷

NATRUM CHLORATUM

Feeling as if uterus were pushed up on sitting down. Feels as if it opened and shut. Backache.¹²

NATRUM MURIATICUM

Hot during menses. Great emaciation, losing flesh while eating well. Anaemic & cachectic. Tongue mapped, craves salt.¹²

Headache before, during, and after catamenia. Before catamenia, moroseness and irritability. At commencement of catamenia, sadness. During catamenia, cramps in abdomen.¹⁷

NATRUM PHOSPHORICUM

During menses: feet icy cold by day, burn at night in bed, pressure in right eye, flow at first paler than usual. After menses: symptoms worse, trembling at heart, headache, paralytic aching in right wrist: knees feel as if tendons shortened.¹⁷

NATRUM SULPHURICUM

Catamenia scanty, retarded, with colic, and suppressed stools, or hard faeces. Headache, and epistaxis, during catamenia.¹⁷

NICCOLUM

Menses too scanty, short, with bloated abdomen, colic, and pain in small of back.³⁵

NITRIC ACID

Before menses: throbbing in nape of neck and small of back. Menses: too early and too profuse, blood very dark and thick, irregular, scanty, and like muddy water. During menses: cramp-like pain in abdomen as if it would burst, very offensive urine, bruised pain in limbs.¹⁷

NUX MOSCHATA

Dysmenorrhoea of hysterical women. Menses preceded by intense pain in small of back which feels almost like breaking as from the weight of a hard board placed on the back.²¹

Most distressing dysmenorrhoea, accompanied with clonic spasms, delirium, and stupor, being an almost invariable accompaniment of each returning menstrual period.³

NUX VOMICA

Menses too early, lasts too long; always irregular, blood black with faint spells. Dysmenorrhoea, with pain in sacrum, and constant urging to stool. Irritable, quarrelsome, nervous, over sensitive.¹²

During the catamenia, spasmodic colic, nausea and vomiting in morning, great fatigue, attacks of faintness, cephalalgia, with shiverings and rheumatic pains in limbs. During and after menstruation, appearance of new and worse of old ailments.¹⁷

OLEUM ANIMALE

Catamenia premature, with scanty discharge of black blood, accompanied by incisive pains in abdomen and loins, lancinating pains in head, and lassitude in hands and feet. Burning pains & stitches. Pulled upward and from behind forward pains.¹⁷

OLEUM JECORIS ASELLI

Soreness of both ovaries with dysmenorrhoea. ¹⁷

PARAFFINE

Cutting pains through the body on the second day of menses.⁵

PHOSPHORIC ACID

Dysmenorrhoea, with distension of uterus, pain universally in liver.³⁸

PHOSPHORUS

Menses too early last too long. Weeps before menses. Stitching pain in mammae. Tall, slender persons, restless, burning of parts, craves cold food and drinks.¹²

Catamenia with toothache and colic. During menses: shooting headaches, vomiting, fermentation in abdomen, expectoration of blood, pains in small of back, soreness of limbs, great lassitude and fever, or palpitation of heart.¹⁷

PHYTOLACCA

Menses: too frequent and copious, mammae painful. Very painful menstruation in apparently barren women when occurring in connection with rheumatism, shreds of membrane are passed.¹⁷

PISCIDIA

Neuralgic & spasmodic dysmenorrhoea. Irregular menses. Insomnia. A nerve sedative.¹²

PLATINA

Menses very exhausting, spasms and screaming at every menstrual period. Cramps at commencement of catamenia.¹⁷

Menses too early, too profuse, dark-clotted, with spasms and painful bearing-down, chilliness, and sensitiveness of parts. Superiority complex.¹²

PLUMBUM METALLICUM

Wants to stretch limbs during ovarian pains. Spasmodic dysmenorrhoea. Metrorrhagia with sensation of strong pulling from abdomen to back..¹⁷

PODOPHYLLUM

Shooting pain in right ovary, before and during menses. Hypogastric, and sacral pains, worse from motion, better lying down. Bearing down in abdomen and back during menses.¹⁷

POPULUS CANDICANS

Menses scanty, usually delaying, afterwards absent, then abundant, early, with dysmenorrhoea, better hot cloths.⁴

PSORINUM

Menses too late, and scanty. Dysmenorrhoea, near climax, violent pains in sacrum and right loin, great debility. Body has a filthy smell. Sensitiveness to cold air.¹⁷

PULSATILLA

Derangements at puberty; menses, suppressed from getting the feet wet; too late, scanty, slimy, painful, irregular, intermittent flow, with evening chilliness; with intense pain, changeable, comes suddenly and goes gradually, great restlessness and tossing about, flows more during day. Delayed first menstruation. Mild, gentle, weeping disposition, fair complexion.¹

Catamenia with colic, hysterical spasms in abdomen, hepatic pains, gastralgia, pain in loins, nausea and vomiting, megrim, vertigo, tenesmus of anus and bladder, stitches in side, and many other sufferings before, during, or after period. Diarrhoea during menses.¹⁷

RAPHANUS

Menses very profuse and long-lasting, blood in clots as in abortion. Abundant menses from beginning of period, flushes ascend from uterus to head, pass into loins and spread throughout the body, occasioning a sensation as if about to perspire, pricking in legs and under soles, vanishing of thought, faintness, great difficulty in speaking.¹⁷

RHAMNUS CALIFORNIA

Dysmenorrhoea of myalgic origin; pain in head, neck, and face.¹²

RHUS TOXICODENDRON

Menses early, profuse, and prolonged, acrid, with shooting upwards in vagina. Pain as if sprained <wet rainy weather. Great restlessness.¹²

Dysmenorrhoea in rheumatic females.⁴⁵

ROSMARINUS

Violent pains followed by uterine haemorrhage, succeeded by faintness, spasms of chest, cold hands and feet, small, rapid, irregular pulse.¹⁷

SABAL SERRULATA

Intense pain through abdomen radiated down into legs, up towards stomach, then to ovaries, painful urination, mental indifference with irritability.¹⁷

SABINA

Menses: too early, too profuse, too protracted; partly fluid, partly clotted in persons who menstruated very early in life; flow in paroxysms; with colic and labour-like pains; pains from sacrum to pubes, < from motion.¹

Habitually painful, to be administered for a fortnight before period.⁵⁹

SENECIO AUREUS

Dysmenorrhoea with urinary symptoms, cutting in sacral and hypogastric regions, flow scanty or profuse or irregular, pale, weak, anaemic, strumous, hacking cough at night, wandering pains in back and shoulders.¹⁷

Before menses, inflammatory conditions of throat, chest, and bladder. After menstruation commences, these improve.¹²

SECALE CORNUTUM

Menses: irregular; copious, dark fluid; with pressing, labour-like pains in abdomen, continuous discharge of watery blood until next period.¹

Catamenia with violent spasms especially during a slight movement.¹⁷

Menstrual colic, with coldness and intolerance of heat. Passive haemorrhages in feeble, cachectic women. Burning pains in uterus.¹²

SANGUINARIA

Dysmenorrhoea of feeble, torpid subjects, with tendency to congestion of lungs, liver, or head.¹⁷

SARSAPARILLA

During menses, pinchings and squeezing, as if by a claw, in loins and pit of stomach. Dysmenorrhoea, with bitter vomiting, diarrhoea, and fainting fits, with exceedingly cold sweats, left breast so tender held her hand in front of it to avoid contact.¹⁷

SEPIA

Spasmodic colic before menses. During menses: irritability, melancholy, toothache, headache, nose-bleed, and painful weariness in limbs, or pressure towards the parts. Must cross her limbs to prevent protrusion of the parts. Yellowness of face. Great sadness & weeping, indifference, sensitiveness to cold air. Sensation of ball in inner parts, during menses.¹⁷

SILICEA

Menses too early and too feeble, or too profuse. Diarrhoea, before menses. During the menses, pains in the abdomen, burning sensation.¹⁷

Increased menses, with paroxysms of icy coldness over whole body. Nipples very sore; ulcerated easily; drawn in. Ailments from suppressed foot sweat, vaccination. Unhealthy skin.¹²

SPONGIA

Catamenia too early and profuse. Before the catamenia, palpitation of the heart, following pain in back. During the catamenia, drawing in the thighs.- Enlargement and induration of ovaries.¹⁷

STRAMONIUM

During catamenia, fetid smell from body, great loquacity, delirium, drawing pains in abdomen and thighs. Sobs and moaning after catamenia. Desires light & company.¹⁷

SULPHURIC ACID

Nightmare before menses. During menses, lancinations in abdomen and vagina.¹⁷

SULPHUR

Colic, abdominal spasms, headache, burning pains in loins, pressure at stomach, congestion in head, agitation, cough, toothache, pyrosis, epistaxis, leucorrhoea, asthmatic sufferings, even attacks of epilepsy during menses. Bearing down in pelvis, congestion to uterus.¹⁷

Menses too late, short, scanty, and difficult; thick, black, acrid, making parts sore. Scrofulous diathesis, venous congestion. Lean, stoop shouldered, dirty, filthy aversion to being bathed. Unhealthy skin.¹²

SYCOTIC CO

Pain in left ovary at menstrual period.¹

SYPHILINUM

Menstruation painful, bright, profuse, running free for some days, Sharp zigzag shooting pains in region of uterus. Sore aching in left ovarian region, extending to right with darting pains. Pains worse at night, increase & decrease gradually.¹⁷

TANACETUM

Dysmenorrhoea, bearing down pains, tenderness, drawing in groins.¹²

TARANTULA HISPANIA

Profuse menstruation: with erotic spasms, crossness, restless, nervous affections, chorea and deep dissatisfaction, worse after sleep. Neuralgic dysmenorrhoea. Sensation of motion in uterus, like a foetus.¹⁷

TEREBINTH

Catamenia retarded and scanty. Drawing in thighs and colic as if menses would set in, a week after she had them. Uterus and ovaries very painful. Terrible burning in uterus, with great bearing-down pain.¹⁷

THERIDION

Bruised, sore pain in both ovarian regions, worse motion and pressure, labour-like pain in lower abdomen, with sensation as if child bounding in body, tickling in both sides. Dysmenorrhoea with intense headache, extreme sensitiveness to noise. Vertigo on closing eyes.¹⁷

THLASPI BURSA PASTORIS

Metrorrhagia; too frequent and copious menses. Haemorrhage, with violent uterine colic. Sore pain in womb on rising. Scarcely recovers from one period before another begins.¹²

THUJA

Menses: too early and too short, scanty, with terrible distressing pain in left ovarian and iliac region. During menses: tiredness, palpitation, weeping, restlessness in legs, retching, pressing in stomach, distension, pain in abdomen and back, bearing down out of genital organs, sensitiveness and swelling of breasts, general coldness. Hydrogenoid constitution. Wart like excrescences, unhealthy skin.¹⁷

THYROIDINUM

Menses profuse, prolonged, more frequent, early, painful and irregular. Constant left ovarian pain, and great tenderness. Looks pale and feels ill. Pain in lower part of abdomen, headache and sickness.¹⁷

TRILLIUM PENDULUM

Uterine haemorrhages, with sensation as though hips and back were falling to pieces; better tight bandages. Gushing of bright blood on least movement.¹²

TUBERCULINUM

Menses: too early; too profuse; too long lasting; tardy in starting; with frightful dysmenorrhoea; in patients with a tuberculous history.¹

Menstruation with pains in lumbo-sacral and ovarian region. Sticking pain in lower abdomen, worse when walking.¹⁷

Dysmenorrhoea, pains increase with the establishment of the flow.¹²

USTILAGO

Dysmenorrhea of a congestive character, with much ovarian irritation; severe pain in ovaries, uterus and back every few minutes. Subject to headache ever since menstruation appeared. Profuse menstruation, flow lasting from ten days to two weeks, always < from motion. A heavy backache with sharp pain across abdomen from hip to hip, followed by expulsive pains; on exertion.³⁶

VERATRUM ALBUM

Neuralgic menstrual colic with mania, violent delirium & headache.⁶⁴ · Dysmenorrhoea: with vomiting and purging, or exhausting diarrhoea with cold sweat, is so weak can scarcely stand for two days at each menstrual menses. < least exertion.¹

During catamenia: headache in morning, with nausea, humming in ears, burning thirst, and pains in all limbs. Pain in kidneys and uterus before and during menses. Sexual mania precedes menses.¹⁷

VERATRUM VIRIDE

Menstrual colic, with dysmenorrhoea; much nausea and vomiting; plethora; cerebral congestion.⁶³

Membranous dysmenorrhoea, soreness as of a boil in uterine region.¹⁷

VESPA CRABRO

Dysmenorrhoea, menses irregular, intermittent, sore, tender ovaries.²⁹

VIBURNUM OPULUS

· Menses too late, scanty, lasting a few hours, offensive in odour, with crampy pains, cramps extend down

thighs. Bearing-down pains before. Ovarian region feels heavy and congested. Aching in sacrum and pubes, with pain in anterior muscles of thighs spasmodic and membranous dysmenorrhoea.¹²

· Could not sit or lie still on account of the pains. Pain with feeling as if the breath would leave her body and heart would cease to beat.¹⁷

VIBURNUM PRUNIFOLIUM

Dysmenorrhoea, and spasmodic uterine pains.¹⁷

WALNUT

It is the remedy for the transition stages in life-puberty. Can help with the adjustment to the changes during the menstrual cycle, dysmenorrhoea.²⁸

WYETHIA

Menses commenced with intense burning pain, constant, but increasing in paroxysms, with sensation as if uterus expanded in order to keep all the pains within its walls.¹⁷

XANTHOXYLUM

Neuralgic dysmenorrhoea. Menses too early and painful. Ovarian neuralgia, with pain in loins and lower abdomen; worse, left side, extending down the thigh, along genito-crural nerves, with neuralgic headaches; pain in back and down legs. Menses thick, almost black.¹²

Dysmenorrhoea: with agonizing pains, driving patient almost distracted, in women of spare habit, delicate, nervous temperament.¹⁷

ZINCUM CYANATUM

Dysmenorrhoea, cramp like pain in uterus, severe pain in back, colicky pain in bowels, convulsions, restlessness, nervous irritation.⁴⁴

ZINCUM METALLICUM

Dysmenorrhoea, limbs feel heavy, with violent drawing about knees, as if they would be twisted off; sudden oppression of stomach, she has to loosen her dress; chilliness. Cerebral & nervous exhaustion, defective vitality, fidgety feeling in feet.³⁷

ZINCUM VALERIANICUM

Overalgia, pain shoots from abdomen to thighs, to feet; during and after menses. Dysmenorrhoea; pains down the thighs.⁵⁴

PART III. 3.17 MIASMATIC BACKGROUND OF DYSMENORRHOEA

Dr. SAMUEL HAHNEMANN, classified diseases into Acute and Chronic and attributed the cause of chronic diseases to the three Miasms, Psora, Syphilis and Sycosis. **In the chronic diseases its peculiar nature and cure**⁶⁰, he explains the important symptoms relating to dysmenorrhoea under **PSORA**. Menses accompanied with many ailments, swoons or mostly stitching headaches, or contractive, spasmodic, cutting pains in the abdomen and in the small of back; she is inclined to lie down, vomit etc.

Dr. J. H. ALLEN, in his **chronic miasms**² explains -

In almost every woman we meet we find some form of dysmenorrhoea and so frequently in these suffers we find that all their complaints are intensified at or during the menstrual menses.

All the types of dysmenorrhoeas - inflammatory, membranous, neurotic, obstructive and ovarian are more or less painful and some of them exceedingly so. It is true in some forms we do have pathological conditions present that cause great suffering at times, but the majority of cases are functional or neurotic, behind which lies some constitutional dyscrasia.

It is necessary to understand the Hahnemannian life force theory, and the laws that govern it before we can understand anything clearly and distinctly about disease. We must also know something about the chronic miasms, before we can understand the true cause and the multiple changes in the phenomena of disease. Only then we will be able to classify and to place each form of dysmenorrhoea, each individual case where it belongs, calling it, as the case may be, Psoric, Pseudo-Psoric, Sycotic, or Syphilitic.

The **TUBERCULAR** forms of dysmenorrhoea occur more prominently than any others. The menstrual anomalies of tubercular patients are often pictures of dreadful sufferings from that dreaded miasm, pseudo-psora. The flow is always accompanied with exhaustion and weariness. It comes too soon, is too copious and too prolonged, often assuming the form of hemorrhage. The patient feels badly a week before the menses appear and a week afterwards. The menstrual period is accompanied with severe backache, gastric disturbances, neuralgia, headaches, ovarian neuralgia, even diarrhoea and febrile states, inducing anaemia in young women whose ages range from seventeen to twenty-four. The menses of a tubercular patient seldom clot, they are more apt to be thin and watery or bright red and copious. The odour of the tubercular menses is like blood.

These patients are sad, gloomy, full of fanciful notions, foreboding, are fearful, extremely sensitive, nervous and irritable. Usually in a marked case where the tubercular element is present, we have retroflexions and all sorts of malpositions of the uterus. Their sufferings date from an early period following puberty, within a year or two at least.

The menstruation of the **SYCOTIC** patient is not prolonged like the pseudo-psoric one, and is seldom as copious. If it is profuse it is not so exhausting, nor so heavy a drain upon the sufferer. In Sycosis, the neuralgias are displaced by the rheumatic element. Often they have muscular rheumatism at intermenstrual periods, lumbago or stiffness of the muscles of the neck and aching in the limbs. The uterine pains are spasmodic, colicky, often extending over the whole abdomen, and generally felt in the membranes of the ovaries and tubes with tenderness of the breasts. The flow frequently comes in gushes and is, dark and clotted, is musty, or it has a fish-brine or stale fish odour. It is often irritating, corrosive, excoriating, producing pruritis. There is some form of irritation of the bladder, the urine either passes frequently or in small quantities, or it is copious and frequent with more or less pain or irritation of the neck of the bladder.

When we have the tubercular element combined with the sycotic we have the worst form of dysmenorrhoea to deal with.

PSORA produces only functional disturbances. The dysmenorrhoea of psora shows itself very early, at puberty. The pains are usually sharp and flows bland in nature.

SYPHILIS seldom attacks the ovaries or uterus.

The treatment should be continued until the patient menstruates normally or nearly so, which may take from three months to a year, and in some cases even two years. Prescriptions made during the inter-menstrual period are the most efficacious, as the acute expression has quieted down and

the latent expression is shown more clearly, and upon this symptomatology it is better to base your prescription.

Dr. H. A. ROBERTS in his **principles and art of cure by homoeopathy**⁵⁷, states that - Many symptoms in the sexual sphere, especially in women, like the functional disturbances closely related to the emotions, dysmenorrhoea, amenorrhoea, and many other conditions are due to **PSORA**.

Table-4 **MIASMATIC CLEAVAGE OF DYSMENORRHOEA**^{7,55}

PSORA	SYCOSIS	SYPHILIS	PSEUDOPSORA
All functional menstrual disorders. Dysmenorrhoea shows itself very early, at puberty, at climacteric. Pain usually sharp, never colicky.	Pains and diseases of uterus, spasmodic, colicky and paroxysmal. Acrid discharge, Pruritis, painful and frequent urination, mastodynia. Flow offensive, clotted, dark even black, fish brine odour.	Depression and fears during menses. Profuse menstrual flow.	Painful, always exhausting, prolonged, copious. Feels badly a week before menses. Flow bright red, thin, watery. Headache, backache, neuralgias, epistaxis, diarrhoea, nausea, vomiting, cold extremities, febrile states. Hysterical, sad, gloomy, fear, sensitive, nervous irritability & inclination to weep.

PART IV. 3.18 REPERTORIAL ANALYSIS

According to the Repertory of Homoeopathic Materia Medica⁴² **by J.T. KENT the important rubrics and their medicines related to dysmenorrhoea -**

GENITALIA FEMALE, Menses: Painful, Dysmenorrhoea:

BELL, CACT, CALC-P, CHAM, & KALI-C

Acon, Am-c, Ars-alb, Berb, Bor, Calc, Caul, Caust, Cic, Cocc, Coff, Coloc, Con, Croc, Cycl, Dios, Dulc, Gels, Graph, Helon, Ign, Kali-ar, Kali-I, Kali-p, Kali-s, Lac-c, Lach, Lap-a, Lil-t, Lyco, Med, Meli, Merc, Merl, Nat-c, Nux-v, Phos, Plat, Puls, Rhus-t, Sabin, Sec, Senec, Sep, Sulph, Sep, Sulph, Tub, Verat & Xan

Abrot, Agar, Alet, Alum, Anan, Ant-c, Apis, Arg-n, Ars-I, Asar, Bar-c, Bar-m, Brom, Bry, Canth, Carb-an, Carbn-s, Carb-v, Chin, Chin-ar, Cinnb, Coll, Croc-c, Cupr, Euphr, Ferr, Ferr-ar, Ferr-I, Ferr-p, Grat, Ham, Hyos, Hyper, Iod, Ip, Kali-bi, Kali-n, Kali-m, Laur, led, Lob, Mag-c, Mag-m, Mag-s, Mang, Mosch, Murx, Nat-m, Nat-p, Nat-s, Nicc, Nit-ac, Nux-m, Ol-an, Petr, Ph-ac, Phyt, Plb, Podo, Sang, Sars, Sil, Spong, Stram, Sul-ac, Ther, Thuj & Vib

Genitalia female, Menses: Painful, Dysmenorrhoea: Climaxis near :

PSOR

Genitalia female, Menses: Painful, Dysmenorrhoea: Feet wet, from getting :

PULS

Phos & Rhus-t

Acon, Dulc, Merc, Nat-c, Nat-m, Sep & sil

Face Discoloration;Red;Dysmenorrhoea,during: XAN

Bladder Urination;Dysuria;Dysmenorrhoea,during: Senec

According to SYNTHESIS Repertory³⁰, the important rubric with medicines related to dysmenorrhoea -

FEMALE GENITALIA/SEX - Menses - painful :

abrom-a.;1; abrom-a-r.;1; abrot.;1; acetan.;1; acon.;2; acon-ac.;1 aesc.;1; agar.;1; agar.;1; agav-t.;1; agn.;1; aids.;1; alet.;1; aln.;1; alum.;1; alum- p.;1; alum-sil.;1; alumn.;1; am-act.;1; am-c.;3; am-m.;1; ammc.;1; amor-r.;1; anac.;2; anan.;1; ant-c.;1; ant-t.;2; antip.;1; ap-g.;1; apiol.;2; apis.;1; aqui.;1; aran.;1; arg-n.;1; arist-cl.;1; arn.;1; ars.;2; ars-i.;1; ars-t.;2; art-v.;1; asar.;1; asc-c.;1; atro.;1; aur.;1; aven.;1; bamb-a.;1; bar-c.;1; bar-i.;1; bar-m.;1; bar-ox-suc.;1; bell.;3; bell-p.;1; berb.;2; borx.;2; bov.;1; brach.;1; brom.;1; bry.;1; bufo.;1; buni-o.;1; cact.;3; calc.;2; calc-act.;1; calc-i.;1; calc-p.;3; calc-s.;1; calc-sil.;1; cann-i.;1; canth.;1; carb-an.;1; carb-v.;1; carbn-s.;1; carc.;1; castm.;1; caul.;2; caust.;2; cer-ox.;1; cham.;3; chin.;1; chinin-ar.;1; chinin-s.;1; chlol.;2; chord-umb.;1; cic.;1; cemic.;3; cinnb.;1; cit-v.;2; cloth.;1; coca.;2; cocc.;3; coch.;1; coff.;2; coll.;1; coloc.;2; con.;2; croc.;2; crot-c.;1; crot-h.;1; cupr.;1; cur.;1; cycl.;2; dam.;1; der.;1; dios.;2; dream-p.;1; dulc.;2; dys.;1; elaps.;1; epiph.;1; ergot.;1; erig.;3; eup-pur.;1; euphr.;1; falco-ch.;1; ferr.;1; ferr-ar.;1; ferr-i.;1; ferr-m.;2; ferr-p.;1; flor-p.;1; fuma-ac.;1; gels.;2; gink-b.;1; glon.;1; gnaph.;1; goss.;1; granit-m.;1; graph.;2; grat.;1; guaj.;2; haem.;1; ham.;1; hedeo.;1; helon.;2; hir.;1; hoit.;2; hydr.;2; hydrog.;1; hyos.;1; hyper.;1; ign.;2; inul.;1; iod.;1; ip.;1; iris.;1; jab.;1; juni-c.;1; kali-ar.;2; kali-bi.;1; kali-c.;3; kali-fcy.;1; kali-i.;2; kali-m.;1; kali-n.;1; kali-p.;2; kali-perm.;1; kali-s.;2; kali-sil.;1; kalm.;1; ketogl-ac.;1; kola.;1; kreos.;1; lac-c.;2; lac-f.;1; lac-leo.;1; lac-lup.;1; lach.;2; lap-a.;2; laur.;1; led.;1; lil-t.;2; limest-b.;1; lob.;1; lyc.;2; macro.;2; mag-c.;1; mag-m.;1; mag-p.;3; mag-s.;1; mang.;1; med.;2; meli.;2; meli-xyz.;1; meph.;1; merc.;2; merl.;2; mill.;3; mit.;2; mom-b2 moni.;1; morg.;1; morg-g.;1; morph.;1; mosch.;1; mucs-nas.;1; mur-ac.;1; murx.;1; naja.;1; nat-c.;2; nat-m.;1; nat-ox.;1; nat-p.;1; nat-s.;1; nicc.;1; nit-ac.;1; nux-m.;1; nux-v.;2; ol-an.;1; ol-j.;2; onop.;1; op.;1; orot-ac.;1; pall.;1; palo.;1; passi.;1; petr.;1; petros.;2; ph-ac.;1; phos.;2; phyt.;1; pic-ac.;1; pin-con.;1; pitu.;2; plat.;2; plb.;1; plb-xyz.;1; plut-n.;1; podo.;1; polyg-h.;1; polyg-xyz.;1; pop-c.;1; pseuts-m.;1; psor.;3; puls.;2; raph.;1; rauw.;1; rhod.;2; rhus-t.;2; ribo.;1; sabal.;1; sabin.;2; sacch.;1; sal-al.;1; sang.;1; santin.;1; sapin.;1; sars.;1; sec.;2; sel.;1; senec.;2; sep.;2; sil.;1; sinus.;1; spong.;1; staph.;1; stram.;1; sul-ac.;1; sul-i.;1; sulph.;2; suprar.;1; syc.;1; syph.;2; tanac.;2; tarent.;2; tell.;1; ter.;1; tetox.;1; ther.;1; thuj.;1; thyr.;1; thyreotr.;1; trios.;1; tub.;2; ust.;3; uza.;1; ven-m.;1; verat.;2; verat-v.;3; vesp.;1; vib.;3; vib-p.;1; wye.;1; xan.;3; zinc.;2; zinc-val.;2

According to the Boeninghausen's Characteristics And Repertory¹⁴ by C.M.BOGER, the important rubric with medicines related to dysmenorrhoea -

GENITALS, MENSTRUATION: Menses: Painful:

Calc, Cham, Cimic, Cocc, Con, Cupr, Graph, Lyc, Med, Nux-m, Plat, Puls, Sep, Sulph, Tub, Verat, Vib,

According to the Clinical Repertory¹⁸ by J.H. CLARKE, the important rubric with medicines related to dysmenorrhoea -

CLINICAL, Dysmenia, or Dysmenorrhoea:

Acon, Agar, Alet, Anac, Antipyrin, Aran, Art-v, Asar, Asc-I, Berb, Brach, Brom, Cact, Caul, Cer, Cham, Chin-s, Coll, Coloc, Croc, Crot-h, Cur, Dam, Dios, Gels, Gnaph, Goss, Graph, Guai, Haem, Hedeo, Helon, Helon, Hyos, Ign, iris, Jab, Juni-c, Kali-c, Kali-fcy, Kali-n, Kalm, Lac-c, Lac-f, Lap-a, Laur, Lob, Lyc, Macrin, Mag-m, Mag-p, Mag-s, Med, Meli, Merl, Mill, Mit, Mom-b, Murx, Naja, Nat-c, Nicc, Nux-m, Op, Petr, Phyt, Plb, Podo, Poyg-a, Pop-c, Raph, Rhus-t, Sabal, Sabin, Sang, Sapin, Sars, Senec, Sep, Sulph, Syph, Tanac, Tarent, Tere-ch, Ther, Thuj, Ust, Verat, Verat-v, Vib, Vib-p, Wye & Xan

According to the Clinical Repertory¹² by W. BOERICKE, the important rubric with medicines related to dysmenorrhoea –

FEMALE SEXUAL SYSTEM, Dysmenorrhoea, remedies in general :

Acetan, Acon, Am-acet, Ap-g, APIOL, Apis, Aquil, Atro, Aven, BELL, BOR, Bov, Brom, Bry, CACT, Calc, Cast, CAUL, CHAM, CIMIC, COC-C, COFF, COLL, Coll, Croc, Cupr-m, Dulc, Epip, Ferr, Ferr-p, GELS, Glon, Goss, Graph, GUAI, HAM, Helon, Hyos, Ign, KALI-PERM, Lach, Lil-t, MACRIN, MAG-C, Mag-m, MAG-P, Mill, Morph, Nux-m, Nux-v, Op, Plat, PULS, Rhus-t, Sabin, Sang, Sant, SEC, SENE, Sep, Stram, Thyr, Tub, VERAT, Verat-v, VIB, Vib-p, XANTH, Zinc

FEMALE SEXUAL SYSTEM, Dysmenorrhoea, spasmodic or neuralgic -

Acon, Agar, Bell, Caul, Cham, Cim, Coff, Coll, Gels, Glon, Gnaph, Mag M, Mag Phos, Nux V, Puls, Sab, Santon, Sec, Senec, Sep, Verat V, Vib-Op, Xanth

According to the Homoeopathic Medical Repertory⁴⁹ by ROBIN MURPHY, the important rubric with medicines related to dysmenorrhoea -

FEMALE : dysmenorrhoea, spasmodic, neuralgic :

Acon, Agar, BELL, Caul, Cham, Cimic, Coff, Coll, COLOC, Gels, Glon, Gnaph, Mag-m, MAG-P, Nux v, Puls, Sabin, Sant, Sec, Senec, Sep, Verat-v, Vib, Xanth

According to the COMPLETE Repertory⁵⁸, the important rubric with medicines related to dysmenorrhoea -

FEMALE GENITALIA: Menses:Painful, dysmenorrhea:

3 Marks

Am-c, Bell, Cact, Calc-p, Cham, Cimic, Cocc, Erig, Kali-c, Mag-p, Mill, Psor, Puls, Sulph, ust, Verat-v, Vib, Xan

2 marks

Acon, Anac, Ant-t, Apiol, Ars, Ars-met, Berb, Bor, Bry, Calc, Caul, Caust, Chol, Cit-v, Coff, Coloc, Con, Croc, Cupr, Cycl, Dios, Dulc, Ferr-m, Gels, Gnaph, Graph, Guai, Ham, Helon, Hoit, Hydr, Ign, Kali-ar, Kali-I, Kali-ma, Kali-p, Kali-s, Lac-c, Lach, Lap-a, Lil-t, Lyc, Macrin, Mag-c, Med, Meli, Merc, Merl, Mit, Nat-c, Nux-v, Ol-j, Phos, Pitu-p, Plat, Rhod, Rhus-t, Sabin, Sac-alb, Sec, Senec, Sep, Syph, Tanac, Tarent, Tub, Verat, Zinc, Zinc-val

1Mark

Abrot, Acetan, Aesc, Agar, Agn, Alet, Alum, Alum-p, Alum-sil, Alumn, Am-acet, Am-br, Am-m, Ambr, Ammc, Amor-r, Anan, Ant-c, Ap-g, Apis, Apoc-a, Aquil, Aral, Aran, Arg-n, Arist-cl, Arn Ars-I, Asar, Asc-c, Atro, Aur, Aven, Ba-tn, Bac, Bamb-a, Bar-c, Bar-I, Bar-m, Bell-p, Bov, Brom, Bufo, Buni-o, Buth-aust, Caj, Calc-acet, Calc-I, Calc-s, Calc-sil, Cann-I, Cann-s, Canth, Carb-an, Carb-v, Carbn-s, Carc, Cast, Cer-ox, Chel, Chin, Chin-ar, Chin-s, Chlcl, Cic, Cinnb, Col, Cortiso, Crot-c, Crot-h, Cur, Der, Dict, Dys-co, Epip, Ergot, Eug, Eup-per, Eup-pur, Euphr, Fago, Ferr, Ferr-ar, Ferr-I, Ferr-p, Foll, Frax, Glon, Glyc-g, Goss, Grat, Hedeo, Hep, Hir, Hydrog, Hyos, Hyper, Indg, Inul, Iod, Iodof, Ip, Jug-r, Juni-c, Kali-bi, Kali-chl, Kali-fcy, Kali-hp, Kali-n, Kali-sil, Kalm, Kreos, Lac-v-f, Lam, Lap-c-b, Lap-gr-m, Laur, Led, Lith-c, Lob, Mag-m, Mag-s, Mang, Meph, Mom-b, Morg-g, Morph, Mosch, Mur-ac, Murx, Nat-m, Nat-s, Nicc, Nit-ac, Nux-m, Ol-an, Onop, Op, Ozone, Pall, Palo, Passi, Petr, Ph-ac, Phys, Phyt, Pic-ac, Plb, Podo, Puls-n, Rauw, Rham-cath, Ruta,

Sang, Sant, Sars, Sel, Sil, Sin-n, Spong, Stann, Staph, Stram, Sul-ac, Sul-I, Syc-co, Tarax, Tell, Ther , Thuj, Thyr, Thyreotr , Trio, Uza, Ven-m, Vesp, Vib-od, Vib-p, Wye, Xanth.

4.1 MATERIALS

4.1.1 Population

This study was conducted in the out patient departments of Govt. Homoeopathic Medical College Hospital, Thiruvananthapuram, under the age group 15-20 years, from 1-2-2004 to 30-7-2005.

4.1.2 Medicines

In the selection of medicines, the approach was to individualise each case based on homoeopathic principles. A detailed case history was taken with due consideration of the mental & physical generals, characteristic particulars and concomitants.

Prescription- Medicines were given on the basis of symptom totality in different potencies ranging from 30 to 10 M. (based on susceptibility & age of the patient, state of the disease etc.)

Placebo – Sugar of milk and Blank tablets.

Dose – 1 medicated pellet (no.10) in sugar of milk.

Pharmacy – Medicines & sundries supplied by M/s Kerala State Homoeopathic Co-operative Pharmacy, Alappuzha.

4.1.3 Inclusion Criteria

Twenty well diagnosed cases, confirmed on the basis of Clinical history along with pathological investigations were randomly selected.

Diagnosis of primary dysmenorrhoea – history, physical examination and routine investigations show no evidence of secondary causes.

Cases in the age group – girls of 15-20 years.

4.1.4 Exclusion Criteria

Diagnosis uncertain or findings from the history, physical examination or investigations arouse suspicion of a secondary cause for dysmenorrhoea were excluded.

Cases below 15 years and above 20 years.

Cases with diagnosed underlying pathologies.

Cases with other systemic diseases.

4.2 METHODS

4.2.1 Sample – Twenty five cases of dysmenorrhoea were selected from the Out patient department of Govt. Homoeopathic Medical College Hospital, Thiruvananthapuram. Two cases could not be followed up to the end and three cases were finally diagnosed as secondary dysmenorrhoea (Polycystic Ovarian Disease). So these five cases were finally discarded from the study.

4.2.2 Data collection – From 1-2-2004 to 30-7-2005.

4.2.3 Research Technique – The selected cases were thoroughly examined on the basis of special proforma in which the complete symptomatology of patients and investigation reports were recorded. The signs and symptoms of dysmenorrhoea were assessed subjectively and objectively and scored.

4.2.4 Nature of study – A prospective study was conducted and patients were followed upto a period of 8 months. All cases were treated as out patients and no controls were kept for study. The effectiveness of study was statistically analysed after 8 months.

4.2.5 Assessment Criteria

Disease Criteria for assessing the progress included the major clinical symptoms presented –

1. Pain
2. Fatigue
3. Fainting
4. Nausea & Vomiting
5. Chill & Perspiration
6. Headache
7. Irritability

Each criterion was given appropriate grading and any change in the grade was recorded on each visit. Appropriate scoring was allotted to each of the criterion and the score before treatment was compared with that after the treatment.

Before treatment

Criterion	Grade	Score
No symptom	o	o
Mild symptom	+	1
Moderate symptom	++	2
Severe symptom	+++	3

4.2.6 Blood Examination - Routine haematological investigations were done in each case at the commencement and after completion of six months of treatment, these include – TC, DC, RBC count, ESR & Hb.

4.2.7 Urine Examination – Routine urine investigations were done in each case at the commencement and after completion of treatment, these include – sugar, albumin, pus cells, epithelial cells, casts.

4.2.8 Ultrasonography – USG- ABDOMEN was done in every patient to rule out the presence of gynaecological pathologies like Fibroid tumours, Endometriosis, Adenomyosis, Ovarian tumours, Cancers etc.

4.2.9 Treatment

Method – Medicinal.

Repertorisation – Kent’s repertory is used for repertorisation.

Repetition and change of potency – According to the presenting picture of the patient.

4.2.10 Diet and regimen – Patients were directed to continue the usual diet as far as possible.

Instructions were given -

To practise perfect personal hygiene.

To engage in other activities like reading magazines, listening to music, watching television etc.

Mild exercises to reduce menstrual cramps.

To take low fat vegetarian diet.

To avoid coffee, tea and other medicinal agents.

4.2.11 Duration – 8 months.

4.2.12 Assessment and follow up – All cases were reviewed once in a month to assess the change in symptoms and were followed up to a period of 8 months. Outcome assessment was done after 8 months.

RESULTS AND ANALYSIS

5.1 INTRODUCTION

Twenty cases coming under the age group of 15-20 years, were included in this study.

1. 5.2 DEMOGRAPHIC DATA

5.2.1 Age

Table-5
AGE DISTRIBUTION OF PATIENTS

Age	Frequency	Percentage	Mean
15	2	10	17.4
16	4	20	
17	4	20	
18	6	30	
19	2	10	
20	2	10	
Total	20	100	

2. 5.3 DATA RELATED TO THE DISEASE

1. 5.3.1 Family history

a) family history of dysmenorrhoea

Table-6

DISTRIBUTION OF PATIENTS ACCORDING TO THE FAMILY HISTORY OF DYSMENORRHOEA

Family history of dysmenorrhoea	Frequency	Percentage
Present	13	65
Absent	7	35
Total	20	100

b) family history of other diseases

Table-7

DISTRIBUTION OF PATIENTS ACCORDING TO FAMILY ILLNESS

disease	Frequency	Percentage
Asthma	5	25
Diabetes mellitus	10	50
Hypertension	6	30
Haemorrhoids	2	10
GIT disorders	2	10
Osteoarthritis	3	15
Sinusitis	1	5
Skin diseases	1	5
Uterine fibroids	2	10

2. 5.3.2 Treatment history

Table-8

DISTRIBUTION OF PATIENTS ACCORDING TO THE TREATMENT HISTORY

System of treatment adopted	Frequency	Percentage
Allopathy	12	60
Ayurveda	4	20
Homoeopathy	4	20

3. 5.3.3 Major clinical features

Table-9

DISTRIBUTION OF PATIENTS ACCORDING TO THE MAJOR CLINICAL SYMPTOMS

Clinical symptoms	Frequency	Percentage
Pain	20	100
Fatigue	17	85
Fainting	8	40
Nausea & vomiting	12	60
Chill & perspiration	12	60
Headache	8	40
Irritability	9	45

4. 5.3.4 Miasm

Table-10

DISTRIBUTION OF PATIENTS ACCORDING TO THE PREDOMINANT MIASM

Miasm	Frequency	Percentage
Psora	12	60
Syphilis	-	-
Sycosis	-	-
Pseudo psora	8	40
Total	20	100

3. 5.4 DATA RELATED TO THE TREATMENT

a) 5.4.1 Drugs administered

Table-11

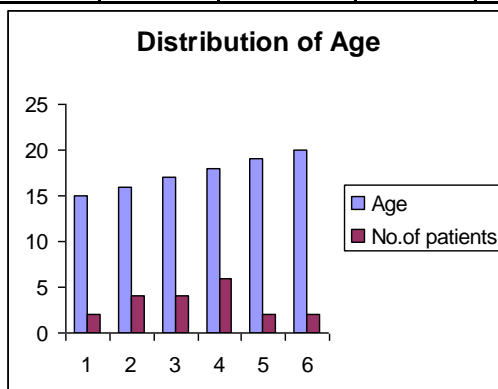
ORDER OF EFFECTIVE MEDICINES

Drugs administered	Total cases	Percentage
Pulsatilla	5	25
Nux vomica	3	15
Calcarea carb	2	10

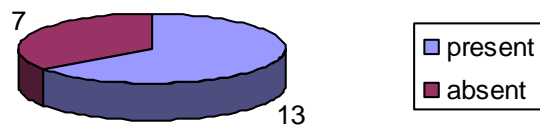
Sepia	2	10
Phosphorus	1	5
Graphitis	1	5
Lycopodium	1	5
Lachesis	1	5
Natrum mur	1	5
Sulphur	1	5
Ammonium carb	1	5
Veratrum alb	1	5

b) 5.4.2 Clinical findings after treatment
Table-12

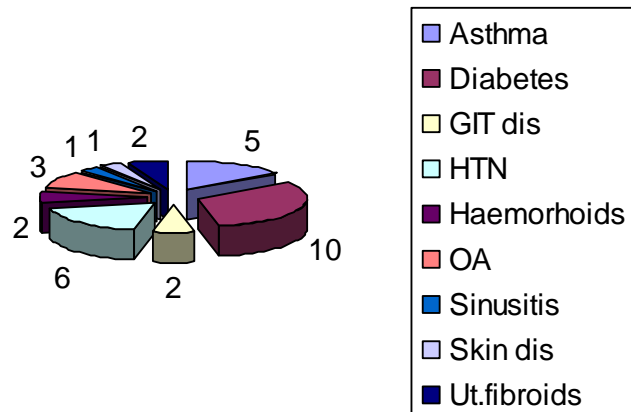
TREATMENT RESULT								
No.	symptom	Total no of cases	Cured		Improved		No Change	
			No.	%	No.	%	No.	%
1.	Pain	20	11	55	7	35	2	10
2.	Fatigue	17	2	11.8	12	70.6	3	17.7
3.	Fainting	8	6	75	2	25	-	-
4.	Nausea & Vomiting	12	7	58	4	33	1	8
5.	Chill & Perspiration	12	3	25	3	25	6	50
6.	Headache	8	6	75	2	25	-	-
7.	Irritability	9	4	44.4	3	33.3	2	22.2



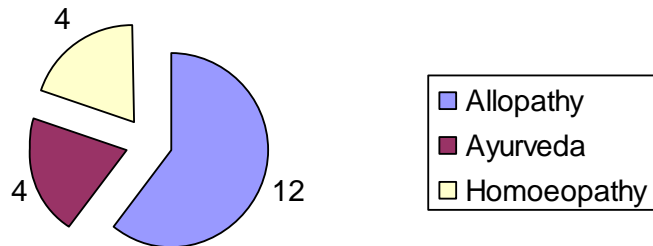
Family history of Dysmenorrhoea



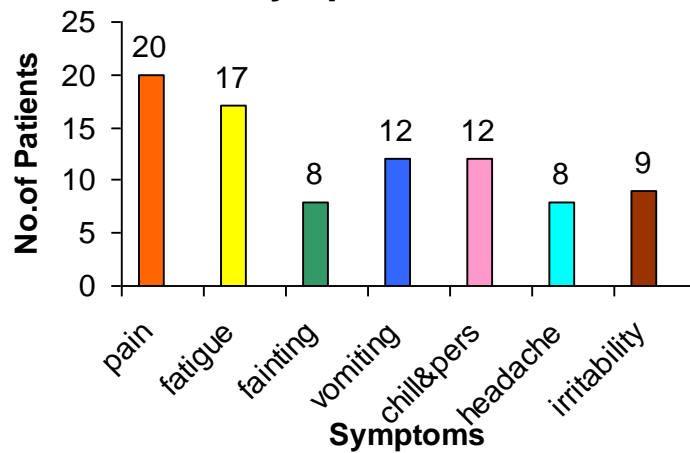
Distribution of Family Illness

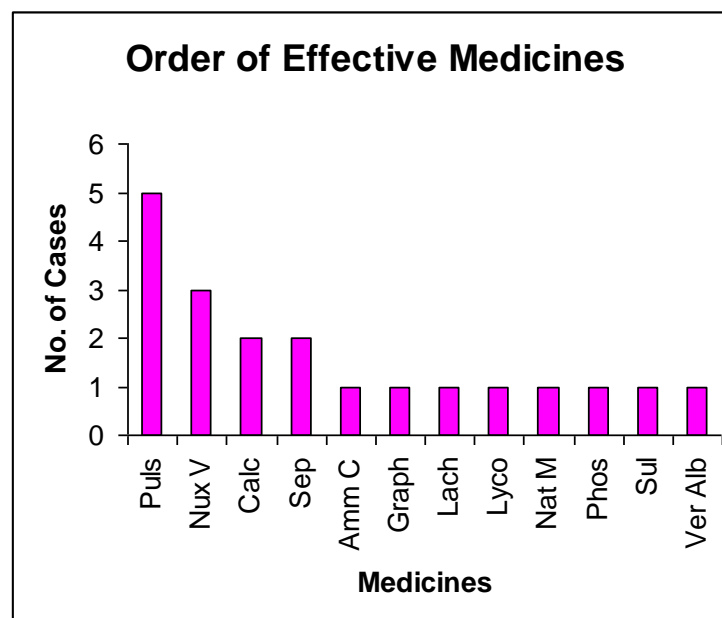
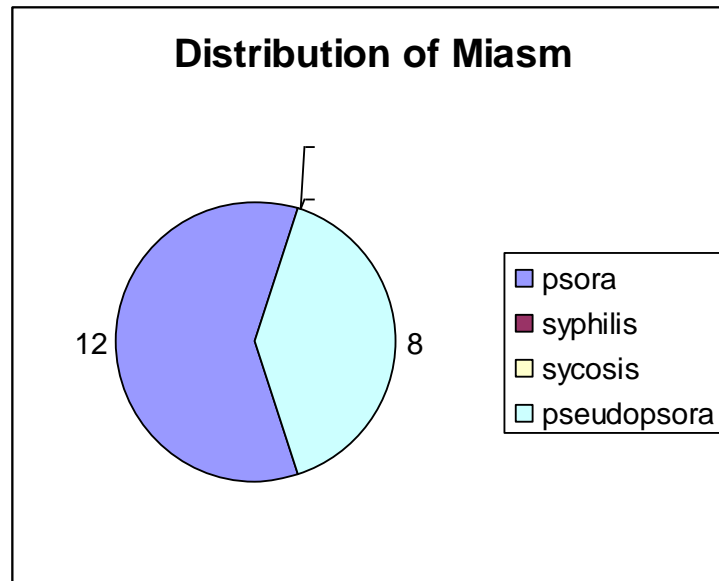


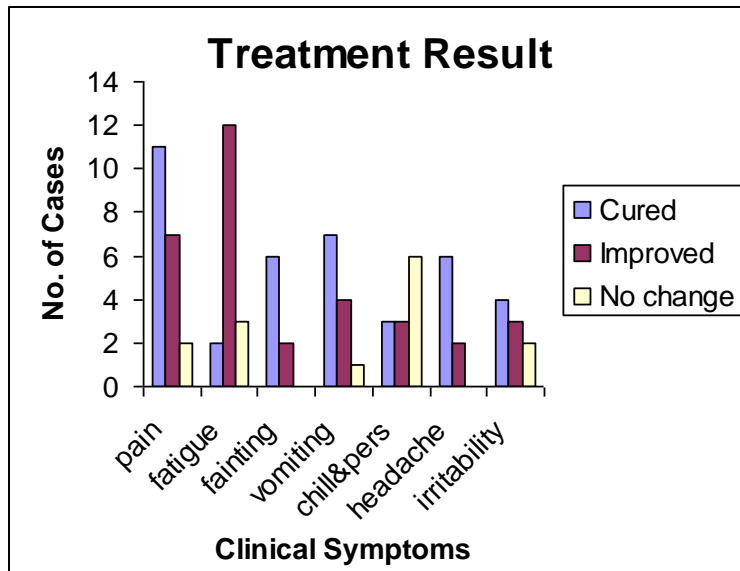
Distribution of Treatment History



Distribution of Clinical Symptoms







5.5 STATISTICAL ANALYSIS

Different scores were given to the various clinical symptoms for the purpose of comparison. The scores obtained before and after the treatment were analysed using the paired t test. The following are the steps in analysis

- Purpose for analysis – To know if the observed difference between the scores before and after 8 months of homoeopathic treatment is significant or not.
- Null hypothesis – there is no significant difference in the scores before and after treatment.
Alternative hypothesis – there is significant difference in the scores.
- Let the score before treatment be X and after treatment be Y. Find the difference in scores before and after treatment, let it be Z. ($Z = X - Y$).
- Calculate the mean of the difference, $\bar{Z} = \sum Z / n$, where n is the sample size, $n=20$.
- Calculate the Standard deviation, S.D, where

$$S.D = \sqrt{\sum (Z - \bar{Z})^2 / n - 1}$$
 or
$$S.D = \sqrt{\sum Z^2 / n - 1 - n(\bar{Z})^2 / n - 1}$$
- Calculate the standard error of mean, S.E, where

$$S.E = S.D / \sqrt{n}$$
- Determine the t value at (n-1) degrees of freedom.

$$t_{19} = \bar{Z} / S.E$$
- Comparison with table value – If t value obtained is more than the table value at t (n-1) degrees of freedom, the null hypothesis is rejected at 1% and 5% levels with $P < .001$

Hence the null hypothesis of no difference is rejected and the alternative hypothesis of significant difference is accepted.⁴⁶

Table-13

PAIRED t TEST TO DETERMINE THE EFFECTIVENESS OF THE TREATMENT

Sl. No.	X	Y	Z	Z ²

1	7	2	5	25
2	10	3	7	49
3	11	3	8	64
4	6	2	4	16
5	7	4	3	9
6	7	3	4	16
7	7	4	3	9
8	10	3	7	49
9	10	4	6	36
10	9	3	6	36
11	9	3	6	36
12	10	3	7	49
13	8	2	6	36
14	8	2	6	36
15	10	3	7	49
16	7	2	5	25
17	8	3	5	25
18	10	4	6	36
19	6	2	4	16
20	9	2	7	49
Total			$\Sigma Z = 112$	$\Sigma Z^2 = 666$

$$Z^{\wedge} = \Sigma Z / n = 5.6$$

$$S.D = \sqrt{\Sigma Z^2 / n - 1 - n(Z^{\wedge})^2 / n - 1} = 1.43$$

$$S.E = S.D / \sqrt{n} = 0.32$$

$$t = Z^{\wedge} / S.E = 17.5$$

Table value of t_{19} at 1% level of significance, $t_{19} \alpha (.01) = 2.539$

Table value of t_{19} at 5% level of significance, $t_{19} \alpha (.05) = 1.729$

∴ $t > t_{19\alpha}$. So the null hypothesis is rejected and the alternative hypothesis is accepted.

INFERENCE

The study shows that there is significant difference between the scores representing the symptoms of Primary Dysmenorrhoea before and after 8 months of Homoeopathic treatment. This difference is more than due to chance and it can be clearly attributed to be due to the homoeopathic medicines. Hence the study is highly significant and the treatment is effective. =

DISCUSSION

Twenty patients coming under the age group of 15-20 years were included in this study. The main parameters of the treatment process were the signs and symptoms.

The major clinical features were pain (100%), fatigue (85%), fainting (40%), nausea & vomiting (60%), chill & perspiration (60%), headache (40%) and irritability (45%).

All the 20 cases were under the different systems of treatment like Allopathy (60%), Ayurveda (20%) and Homoeopathy (20%). 65% of cases had a family history of Dysmenorrhoea. The predominant miasm was Psora in 60% of cases and Pseudopsora in 40%.

Each disease criterion was graded and scores were allotted. The outcome assessment was done after 8 months by post treatment scores as shown below –

After treatment

Criterion	Grade	Score
No symptom	o	0
Mild symptom	+	1
Moderate symptom	++	2
Severe symptom	+++	3

The cases were evaluated using **Kent's repertory** giving importance to 1) mental generals, 2) physical generals and 3) particulars. The emotional symptoms like fear, anxiety, irritability, mildness, weeping tendency, sensitiveness etc, physical generals like sleep and dreams, desires and aversions, appetite and thirst, bowel movements, discharges etc were given more importance. The particulars were taken only if it added to improve the disease portrait.

Constitutional deep acting medicines based on symptom similarity were administered in all the cases. Pulsatilla was prescribed in 5 cases (25%) out of the total twenty cases studied. Nux vomica was prescribed for 3 patients (15%), Sepia & Calcarea carb for 2 patients each (10%). Ammonium carb, Lachesis, Lycopodium, Graphitis, Natrum mur, Phosphorus, Sulphur and Veratrum alb were prescribed in one case each (5%). This highlights the role of individualisation in homoeopathic prescription. It was observed that the higher potencies of medicines (1M and above) were more useful in giving a relief of symptoms for a longer period.

The treatment result showed cure / improvement in majority of the symptoms. Pain was completely cured in 55% of cases and 35% showed marked relief. Only 10% of cases had no change. The associated symptoms like nausea & vomiting, fainting, headache, fatigue and irritability were also cured / improved. But chill & perspiration showed only 50% cure / relief.

Statistical evaluation of the pre & post treatment scores was done using the paired t test which showed highly significant difference between the two, thus clearly establishing the effectiveness of homoeopathic medicines.

The study thus undoubtedly proves that well selected homoeopathic medicines covering the whole constitution of the individual giving importance to the mental and physical generals have definite action in correcting the peculiar constitution prone to dysmenorrhoea and in preventing its recurrence.

CONCLUSION

- Homoeopathic constitutional medicines based on symptom similarity are effective in the management of Primary Dysmenorrhoea.

- Mental generals and physical generals should be given prime importance in the selection of the similimum.
- High potencies of the selected medicines are more effective in preventing the recurrence.
- Psora and Pseudopsora are the underlying miasms of Primary Dysmenorrhoea

BIBLIOGRAPHY AND REFERENCES

1. ALLEN H.C : Keynotes & Characteristics Of The Leading Remedies Of Materia Medica With Bowel Nosodes, 8th edition, pages-16, 65, 87, 105, 177, 181, 236, 298. B. Jain publishers, New Delhi
2. ALLEN J.H : The Chronic Miasms – Psora and Pseudopsora, reprint edition 1998, B. Jain publishers, New Delhi
3. ALLEN T.F : The Encyclopaedia Of Pure Materia Medica, Volume VI & VIII, pages 84 & 154, B. Jain publishers, New Delhi
4. ALLEN T.F : Hand Book Of Materia Medica And Homoeopathic Therapeutics, B. Jain publishers, New Delhi
5. ANSHUTZ : New Old And Forgotten Remedies, 2nd edition, B. Jain publishers, New Delhi
6. BANERJEE .P : Materia Medica Of Indian Drugs, B. Jain publishers, New Delhi
7. BANERJEE S.K : Miasmatic Diagnosis, reprint edition 2001, B. Jain publishers, New Delhi
8. BHASKER RAO. K : Postgraduate Obstetrics And Gynaecology, 4th edition, Orient Longman Ltd, Chennai.
9. BHASKER RAO .K & N.N. CHOUDHURY : Clinical Gynaecology, 3rd edition, Orient Longman, Chennai.
10. BISHAMBER .R. DAS : Select Your Remedy, 4th edition, Bishamber free homoeo dispensary, New Delhi
11. BLACKWOOD A.L : A Manual Of Materia Medica, Therapeutics & Pharmacology, 2nd edition, B. Jain publishers, New Delhi
12. BOERICKE WILLIAM : Pocket Manual Of Homoeopathic Materia Medica & Repertory, 9th edition, B. Jain publishers, New Delhi
13. BOERICKE WILLIAM : Thousand Remedies, B. Jain publishers, New Delhi
14. BOGER C.M : Boeninghausen's Characteristics & Repertory, reprint edition 1996, B. Jain publishers, New Delhi
15. BURT W.H : Characteristic Materia Medica, 2nd edition, B. Jain publishers, New Delhi
16. BURT W.H : Physiological Materia Medica, 3rd edition, B. Jain publishers, New Delhi
17. CLARKE J.H : Dictionary Of Practical Materia Medica, reprint edition 2003, B. Jain publishers, New Delhi
18. CLARKE J.H : Clinical Repertory, reprint edition 2001, B. Jain publishers, New Delhi
19. CLARKE J.H : The Prescriber, reprint edition 2001, B. Jain publishers, New Delhi
20. CLARKE .G. HARDY : The ABC Manual Of Materia Medica & Therapeutics, 2nd edition, B. Jain publishers, New Delhi

- 21.** CHOUDHURY N.M : A Study On Materia Medica, 2nd edition, B. Jain publishers, New Delhi
- 22.** COWPERTHWAIT A.C : A Text Book Of Gynaecology, reprint edition 1984, B. Jain publishers, New Delhi.
- 23.** COWPERTHWAIT A.C : A Text Book Of Materia Medica & Therapeutics, 13th edition, B. Jain publishers, New Delhi
- 24.** DAWN C.S : Text Book Of Gynaecology & Contraception, 12th edition, Dawn books, Calcutta.
- 25.** DEWEY W.A : Practical Homoeopathic Therapeutics, 3rd edition, B. Jain publishers, New Delhi
- 26.** DUTTA D.C : Text Book Of Gynaecology, 4th edition, New central book agency, Calcutta.
- 27.** FARRINGTON E.A : A Clinical Materia Medica, 9th edition, Pratap medical publishers, New Delhi
- 28.** FAROKH.J.MASTER : Bachflower Remedies For Everyone, B. Jain publishers, New Delhi
- 29.** FREDERICK SCHROYENS : 1001 Small Remedies, reprint edition 1995, Homoeopathic book publishers, London
- 30.** FREDERICK SCHROYENS : Synthesis Repertory, edition 8.1, Homoeopathic book publishers, London
- 31.** FRIEDMAN E.A, MAX BORTEN, CHAPIN DAVIS : Gynaecological Decision Making, 2nd edition, Jaypee brothers, New Delhi
- 32.** GOVAN.A.D.T, HODGE.C, CALLANDER.R : Gynaecology Illustrated, 3rd edition, Churchill Livingston, New york, London, Edinburg
- 33.** HALE E.M : Special Therapeutics Of New Remedies, 4th edition, B. Jain publishers, New Delhi
- 34.** HEMPEL C.J : Manual Of Homoeopathic Practise, B. Jain publishers, New Delhi
- 35.** HENRY.N.GUERNSEY : The Application Of The Principles & Practise Of Homoeopathy To Obstetrics, reprint edition 1985, B. Jain publishers, New Delhi
- 36.** HERRING .C : The Guiding Symptoms Of Our Materia Medica, reprint edition 1994, B. Jain publishers, New Delhi
- 37.** HERRING .C : Condensed Materia Medica, 4th edition, B. Jain publishers, New Delhi
- 38.** HOYNE : Clinical Therapeutics, B. Jain publishers, New Delhi
- 39.** HUGHES RICHARD : The Principles & Practise Of Homoeopathy, 4th edition, B. Jain publishers, New Delhi
- 40.** JULIAN O.A : Materia Medica Of Nosodes, 2nd edition, B. Jain publishers, New Delhi
- 41.** KENT J.T : Lectures On Homoeopathic Materia Medica, reprint edition 1997, B. Jain publishers, New Delhi
- 42.** KENT J.T : Repertory Of Homoeopathic Materia Medica, reprint edition 1997, B. Jain publishers, New Delhi
- 43.** LEWIS T.L.T & CHAMBERLAIN.G.V.P : Gynaecology By 10 Teachers 15th edition, ELBS, London
- 44.** LILIENTHAL .S : Homoeopathic Therapeutics, 5th edition, B. Jain publishers, New Delhi
- 45.** LIPPIE .A.VON : Keynotes & Redline Symptoms Of Materia Medica, reprint edition 1996, B. Jain publishers, New Delhi
- 46.** MAHAJAN B.K : Text Book Of Biostatistics, 6th edition, B. Jain publishers, New Delhi
- 47.** MUDALIAR & MENON : Clinical Obstetrics, 9th edition, Orient Longman, Chennai
- 48.** MURPHY ROBIN : Lotus Materia Medica, 2nd revised edition, B. Jain publishers, New Delhi

49. MURPHY ROBIN : Homoeopathic Medical Repertory, 2nd edition, B. Jain publishers, New Delhi
50. NASH E.B : Leaders In Homoeopathic Therapeutics, reprint edition 2002, B. Jain publishers, New Delhi
51. NEATBY E.A : Manual Of Homoeopathic Therapeutics, B. Jain publishers, New Delhi
52. PADUBIDRI.V.G & SHIRISH.N.DAFTARY : Shaw's Text Book Of Gynaecology, 13th edition, Elsevier India pvt ltd, New Delhi
53. PATRICK TATFORD : Problems In Gynaecology, 1986, PG publishing pte ltd, Singapore
54. PHATAK S.R : Concised Materia Medica Of Homoeopathic Remedies, B. Jain publishers, New Delhi
55. PHYLLIS SPEIGHT : A Comparison Of Chronic Miasms, reprint edition 1998, B. Jain publishers, New Delhi
56. RAUE C.G : Special Pathology & Diagnostics With Therapeutic Hints, 4th edition, B. Jain publishers, New Delhi
57. ROBERTS H.A : Principles & Art Of Cure By Homoeopathy, reprint edition 1999, B. Jain publishers, New Delhi
58. ROGER VAN ZANDOVERT : The Complete Repertory, B. Jain publishers, New Delhi
59. RUDDOCK HARRIS : Homoeopathic Vade Mecum, reprint edition 1994, B. Jain publishers, New Delhi
60. SAMUEL HAHNEMANN : The Chronic Diseases, Their Peculiar Nature & Cure, reprint edition 1998, B. Jain publishers, New Delhi
61. SHINGHAL J.N : The Graphic Pictures Of Selected Remedies, reprint edition 1998, B. Jain publishers, New Delhi
62. TINDALL V.R : Jeffcoate's Principles Of Gynaecology
63. TYLER M.L : Homoeopathic Drug Pictures, 2nd edition, B. Jain publishers, New Delhi
64. VITHOULKAS GEORGE : Essence Of Materia Medica, 2nd edition, B. Jain publishers, New Delhi
65. WILLIAMS & WARWICK : Gray's Anatomy, 36th edition, page 1440-1444, Churchill Livingstone, Newyork
66. e MEDICINE – DYSMENORRHOEA : article by Allan.D.Clarke M.D. www.e medicine.com
67. e MEDICINE – DYSMENORRHOEA : article by Nahrain Alzubaidi M.D. www.e medicine.com
68. AMERICAN ACADEMY OF FAMILY PHYSICIANS: primary dysmenorrhoea. www.aaafp.org
69. FAMILY PRACTISE NOTE BOOK .com : menstrual bleeding
70. DR.KOOP: dysmenorrhoea in the adolescent
71. THE MERCK MANUAL: second home edition: dysmenorrhoea
72. MEDILINE PLUS MEDICAL ENCYCLOPEDIA: www.n/m.nih.gov/medilineplus/ency/article

Dr Lizmy Jose B.H.M.S, M.D.(Hom)
 TUTOR, Dept. of Practice of Medicine,
 GOVT. HOMOEOPATHIC MEDICAL COLLEGE
 KARAPARAMBA, KOZHIKODE – 10, KERALA
 E-mail: lizmyajith@yahoo.co.in