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REVIEW ARTICLE****Volume 2 Issue 3(July-Sept. 2019)****E-ISSN - 2581-8899
P-ISSN – 2581-978X****Primary Dysmenorrhoea and Homoeopathy- A Review****Dr. Poonam Singh¹, Dr. Pranesh Kumar Singh², Dr. Namita Chatrjee³, Dr. Rekha Junenja⁴,**¹Assistant Professor Practice of Medicine Sri Ganganagar Homoeopathic Medical college Hospital & RI,²Assistant Professor Community Medicine, Sri Ganganagar Homoeopathic Medical college Hospital & RI,³Ex. HOD of Pediatric, Sriganganagar Homoeopathic Medical College Hospital & RI,⁴Associate Professor, Materia Medica, Sri Ganganagar Homoeopathic Medical college Hospital & RI**Abstract-**

Dysmenorrhea is the most common of gynecologic complaints. It affects half of all female adolescents today and represents the leading cause of periodic college/school absenteeism among that population. Primary dysmenorrhea (PDM) is the painful menses with spasmodic cramping in the lower abdomen in the absence of any discernable macroscopic pelvic pathology. The prevalence of dysmenorrhea changes between 16% and 91% in women. About 2%–29% of the women studied suffer from severe pain.

Key word: Complementary Therapies; Dysmenorrhea; Homeopathy; Menstruation Disturbances; Pain; Quality of Life

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Corresponding author: Dr. Poonam Singh¹, Assistant Professor in POM, **Dr. Pranesh Kumar Singh²**, Assistant Professor in Community Medicine, Sriganganagar homoeopathic medical college Hospital & research Institute, Sri Ganganagar, Rajasthan

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Introduction-

Dysmenorrhea is usually categorized into two types as follows: primary dysmenorrhea (PDM) and secondary dysmenorrhea. Primary dysmenorrhoea is defined as the painful menses with spasmodic cramping in the lower abdomen, in the absence of any discernable macroscopic pelvic pathology¹. Associated

systemic symptoms such as nausea, vomiting, diarrhea, fatigue, mild fever, and headache are fairly common². Factors that contribute to dysmenorrhea include the age of early menarche, increased menstrual bleeding, alcohol and tobacco use, low-socioeconomic status, obesity, and depression³. Primary dysmenorrhoea commonly appears within 6–

12 months after the onset of menarche, and 88% of adolescents experience their first painful menstruation within the first 2 years after menarche. Primary dysmenorrhoea starts few hours before or just after the onset of menstruation⁴. The prevalence of dysmenorrhea changes between 16% and 91% in women. About 2%–29% of the women studied suffer from severe pain. Dysmenorrhea improves with increased age, parity, and the use of oral contraceptives and is positively associated with stress and family history of dysmenorrhea⁵. Adolescents ranging from 7.7% to 57.8% miss school and 21.5% of them miss social activities due to dysmenorrhea. About 50% of students, 53.7%–47.4%, reported a family history of dysmenorrhea⁶.

A study conducted by ⁷**Alizadeh Charandabi SM**, Biglu MH, Yousefi Rad K, Effect of Homeopathy on Pain Intensity and Quality Of Life of Students With Primary Dysmenorrhea: A Randomized Controlled Trial on his study Fifty-four students with primary dysmenorrhea residing at the dormitories of the Tabriz University of Medical Sciences, Iran, who had moderate or severe menstrual pain, were randomized to receive either homeopathic remedy or placebo. The homeopath and participants were blinded to treatment assignment. Primary outcomes were pain intensity and quality of life assessed using a 10- cm visual analog scale, Each group comprised 27 students; eventually, 26 in the homeopathic and 21 in the placebo group were followed up. There was no significant difference between the groups for either pain intensity (adjusted difference: -0.44; 95% CI: -

1.43 to 0.54) or any other outcomes. This study could not show any significant effect of homeopathy on primary dysmenorrhea in comparison with placebo.

Another study conducted by ⁸**Witt CM, Lüdtke R, Willich SN**-Homeopathic treatment of patients with dysmenorrhea: a prospective observational study with 2 years follow-up. He find that homeopathy is effective in primary dysmenorrhoea. Prospective multicenter observational study in primary care, using standardized questionnaires to record for 2 years diseases, quality of life, medical history, consultations, all treatments, other health services use. Fifty-seven physicians treated 128 women (age 32.4 +/- 7.5 years, mean +/- SD) and 11 girls (13.7 +/- 4.0). Women had dysmenorrhea for 11.6 +/- 9.0 (girls 3.1 +/- 1.5) years. Patients received 7.5 +/- 6.5 (5.9 +/- 3.7) homeopathic prescriptions. Diagnoses and complaints severity improved markedly [at 24 months, dysmenorrhea relieved by > 50% of baseline rating in 46.1% (59) of the women and 45.5% (5) of the girls] with large effect sizes (24 months: Cohen's d from 1.18 to 2.93). In addition, QoL improved (24 months: SF-36 physical component score: 0.25, mental component score 0.25, KINDL sum score 0.27). Conventional medication changed little and use of other health services decreased. Patients with dysmenorrhea improved under homeopathic treatment.

⁹**Subhranil Saha, Munmun Koley, Sangita Saha, Rakesh Singh, Md. Monowar Hossain, and Indrani Pramanik** (April2016)- Obstetrics and gynecology outpatient scenario of an

Indian homeopathic hospital: A prospective, research-targeted study in this study Three homeopathic physicians participated in methodical data collection over a 3-month period in the O&G outpatient setting of The Calcutta Homeopathic Medical College and Hospital, West Bengal, India. Data on 878 appointments (429 patients) were collected, of which 61% were positive, 20.8% negative, and 18.2% showed no change. Chronic conditions (93.2%) were chiefly encountered. A total of 434 medical conditions and 52 varieties were reported overall. The most frequently treated conditions were leucorrhea (20.5%), irregular menses (13.3%), dysmenorrhea (10%), menorrhagia (7.5%), and hypomenorrhea (6.3%). Strongly positive outcomes (+3/+2) were mostly recorded in oligomenorrhea (41.7%), leucorrhea (34.1%), polycystic ovary (33.3%), dysmenorrhea (28%), and irregular menses (22.2%). Individualized prescriptions predominated (95.6%). A total of 122 different medicines were prescribed in decimal (2.9%), centesimal (87.9%), and 50 millesimal potencies (4.9%). Mother tinctures and placebo were prescribed in 3.4% and 30.4% instances, respectively.

¹⁰**Dr. Tushita Thakur (Apr 2017)**
HOMOEOPATHIC MANAGEMENT OF PRIMARY DYSMENORRHOEA- A CASE REPORT, A case reported was a 23 year old female suffering from severe primary dysmenorrhoea. Homoeopathic medicine Sepia 200C was prescribed on basis of totality of symptoms and repertorization. Her symptoms were much reduced within first cycle and by the third month she was

completely relieved of her suffering. This case provides documentary evidence about the effectiveness of homoeopathic treatment in severe primary dysmenorrhoea.

Conclusion

Primary dysmenorrhoea has a high prevalence and is one of the leading causes of school and work absenteeism. Therefore, it creates a substantial public health burden and significantly decreases patient quality of life. With help of homoeopathic medicine we can improved quality of life of women's and decrease absentee from work and school.

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