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### Case Report

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### Primary Dysmenorrhoea- A Case Report

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**Abstract-** Primary dysmenorrhoea is pain occurs during menstrual cycle that cannot be explained by structural gynaecological pathology. It is highly prevalent in adolescence and starts six to twelve months after painless periods of menarche. This pain is spasmodic and is often superimposed over background of constant lower abdominal pain, and may radiate to the back or thigh. Malaise, fatigue, nausea, vomiting, diarrhea, or headache is often concomitant. Increased production of endometrial prostaglandin has been reported in suffering women which results in increased uterine tone and stronger, more frequent uterine contractions that induce pain<sup>[1, 2 & 3]</sup>. Nearly 5 to 15% of women suffering with primary dysmenorrhea, report interference with daily activities<sup>[4, 5 & 6]</sup> and absence from school or work due to severity of symptoms<sup>[7, 8 & 9]</sup>. In conventional system, analgesics (NSAIDs) are used to manage primary dysmenorrhoea and if they are ineffective, suppression of ovulation with a low-dose estrogen/progestogen oral contraceptive is tried.

A case reported was a 23 year old female suffering from severe primary dysmenorrhoea. Homoeopathic medicine Pulsatilla prantensis 30C was prescribed on basis of totality of symptoms and repertorization. Her symptoms were much reduced within first cycle and by the fourth month she was completely relieved of her suffering. This case provides documentary evidence about the effectiveness of homoeopathic treatment in severe primary dysmenorrhoea.

**Key word-** Case Report, Primary Dysmenorrhoea, Secondary dysmenorrhoea, Prostaglandin,

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#### Introduction-

Dysmenorrhoea is defined as painful menstruation of sufficient magnitude so as to incapacitate the day-to-day activities.<sup>[1]</sup> It is the most common gynaecologic disorder and one

of the most common causes of pelvic pain in women. The prevalence rate of dysmenorrhea vary widely (16.8% to 81%), and estimates as high as 90% have been reported.<sup>[2]</sup> Dysmenorrhoea can be classified as: primary

(spasmodic) dysmenorrhoea and secondary (congestive) dysmenorrhoea. Primary dysmenorrhoea typically starts in adolescence six to twelve months after painless periods of menarche, with peak prevalence occurring in the late teens or early twenties and cannot be explained by structural gynaecological pathology. Secondary dysmenorrhoea begins in the 20s or 30s unless due to congenital malformations and is secondary to other pelvic pathology such as PID, endometriosis or uterine fibroids.<sup>[3,4 &5]</sup>

### **Case Report**

A female patient aged 21 years (Ms. B. J., Reg no-18/10056) reported at the OPD of Srigananagr Homoeopathic Medical college and Hospital sriganganagar with complaint of dysmenorrhoea since last 3 years. Her symptoms included crampy pain lower abdomen with nausea and vomiting that started 1-2 days before start of menses and lasted for the next 3-4 days.

#### **History of present illness**

Her complaints started 3 year after menarche at the age of 15 years. Crampy pain in lower abdomen and nausea started 1-2 days before start of menstrual period and continued for the next 3-4 days. Pain in lower abdomen was followed by pain in lower back. Nausea aggravated when menses began. This was followed by vomiting sometimes. There was feeling of restlessness with numbness of hands, feet and coldness of whole body after each episode of vomiting.

Her nausea was aggravated by smell of food. Though she felt hungry, she was afraid to eat during dysmenorrhoea on account of this. She

could only take small meal; any larger amount taken at a time lead to vomiting. There was also feeling of fullness and incomplete evacuation of stools during menses.

Her menstrual cycle was 26-30 days and this lead to considerable anxiety to the patient. She could not go out for study at all and spent 3-5 days completely lying on bed disinterested in anything talking, eating or doing any work.

There was a history of frequent hospital admissions during menses with analgesic injections and intravenous infusion of normal saline.

#### **Past history**

The patient had neonatal jaundice and was admitted for 4 days. Her mother had developed hypertension during pregnancy and was under medication. Her milestones were normal. Vaccination was done on time and uneventful.

#### **Family History**

Father has Gout and mother is hypertensive.

#### **Physical Generals**

Thermal reaction- Towards chilly

Appetite- Reduced, disinclination to eat generally and particularly during menses

Digestion- Week feels full on eating small amounts

Thirst- hardly one litre per day,

Stool- Constipation with hard stools and sensation of incomplete evacuation especially during menses.

Urine- 3-4/0-1 D/N

Sleep- The patient did not feel refreshed in morning

#### **Gynaecological History -**

Menarche- at the age of 15 years

Cycle/ duration- 26-30 days/ 5 days, Flow was normal

**Physical Examination-** Her BP was 120/80 and pulse rate was 70/minute regular. Pallor was evident from face and conjunctiva. Her weight was 40 Kg and height was 162cm. No further abnormalities were detected on a brief examination.

#### **Lab and Ultrasonography reports**

On laboratory investigations her haemoglobin was 9 g/dL and her ultrasonography abdomen report was normal.

**Treatment** - The patient was reassured about the absence of structural gynecologic pathology. She was also advised balanced nourishing iron rich diet and increase in her water intake. A single suitable homeopathic remedy was prescribed on basis of totality of symptoms and repertorisation.

#### **Medicine prescribed**

Pulsatilla Pratensis 30C/3 Dose was prescribed, 1 dose early morning empty stomach for 3 days along with Placebo 30, BD for 7 days.

#### **Follow up and outcome**

**First month follow up-** The menstrual period started on 28th day. There was slight pain at lower abdomen, nausea and disinclination to eat before start of menses that lasted for 3-4 hours. Pain increased when flow began, the patient vomited twice till next morning. She only took water, avoided eating anything as she feared that vomiting might aggravate. There was nausea but no vomiting next day. She took liquid diet the next day. The patient continued to have constipation with feeling of

unsatisfactory, incomplete evacuation. All other symptoms were better.

**Second month follow up-** The menstrual period started on 30th day. There was discomfort at lower abdomen before start of menses that lasted for 5-6 hours. The patient vomited once till next morning. She could take water and small amount of soup in dinner. There was nausea but no vomiting next day. Constipation and other symptoms were better.

**Third month follow up-** The menstrual period started on 28th day. There was mild discomfort at lower abdomen before start of menses that lasted within 2-3 hours. There was nausea but no vomiting. She could take water, rice and lentils. There was no nausea or vomiting next day. Constipation and other symptoms were better.

**Fourth month follow up-** Menses started on time. There was mild discomfort at lower abdomen before start of menses. There was nausea but no vomiting on the first and second day of menses. She could take light food. All symptoms were better.

**Fifth month follow up-** Menses started on time. There was mild discomfort at lower abdomen before start of menses. There was no nausea or vomiting. Patient ate well during menses. All symptoms were better.

**Sixth month follow up-** Menses started on time. There was mild discomfort at lower abdomen before start of menses. There was no nausea or vomiting. Patient ate well during menses. All symptoms were better.

#### **DISCUSSION**

Homoeopathic materia medica and repertories were extensively studied to find

the “Homoeopathic similimum” suitable for this case.

#### Rubrics taken for repertorization<sup>[15, 16 & 17]</sup>

	puls.	nux-v.	sep.	calc.	phos.	sulph
	1	2	3	4	5	6
	7	7	6	6	6	6
	19	16	14	12	12	12
Clipboard 1						
1. Mind - MILDNESS, disposition (90) 1	4	2	2	2	4	2
2. Abdomen - PAIN, abdomen... (128) 1	3	3	4	3	2	3
3. Stomach - NAUSEA, general... (62) 1	2	3	1	2	1	1
4. Stomach - VOMITING, gener... (17) 1	2	2	-	2	1	1
5. Female - DYSMENORRHEA... (24) 1	2	2	1	-	-	-
6. Female - DYSMENORRHEA... (269) 1	3	3	4	2	2	3
7. Generals - AIR, general - op... (195) 1	3	1	2	1	2	2

Out of above medicines, Pulsatilla Pratensis was most similar to this case.

#### Conclusion

This case provides documentary evidence about the effectiveness of homoeopathic treatment in severe primary dysmenorrhoea. Homoeopathic medicine prescribed on basis of totality of symptoms and repertorisation has positive role in management of severe primary dysmenorrhoea. However, suitably designed study with bigger sample size for extended time period is suggested for further validation of above findings.

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