



To Evaluate The Role Of Individualized Homoeopathic Medicine Versus Magnesium Phosphoricum 30x In Primary Dysmenorrhoea: A Comparative Study.

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ABSTRACT

Objectives: -To assess the role of Individualized Homoeopathic medicine versus Magnesium Phosphoricum 30x in Primary Dysmenorrhoea: A Comparative study.

Study Design: A Comparative Study. **Study Setting:** The cases for the study were being selected from Institutional OPD & Peripheral OPD. Cases from school & health camps. **Sample Size:** 30 cases **Sampling Technique:** Total 30 samples with complaints of Primary dysmenorrhoea selected by Simple Random Sampling Technique. **Participants:** Girls of age of 15-35 years meeting the diagnostic pain rating scale for primary Dysmenorrhoea. **Intervention:** A total of 30 patients 15-Magnesium Phosphoricum 30x, 15-Individualized Homoeopathic medicine. **Result:** -Overall, out of 30 patients, 24 showed significant improved in their primary Dysmenorrhoea complaints, in which 15 cases we prescribed biochemic remedy Mag Phos 30 x out of which 11cases (73%) were improved & 4 cases (27%) were not improved. And in another 15 cases we prescribed Individualized Homeopathic Medicine out of which 13cases (87%) were improved & 2cases (13%) were not improved. **Conclusion:** -Both individualized homeopathic medicine and biochemic medicine (Mag Phos) have their merits in managing primary Dysmenorrhoea. This comparative study shows that Individualized Homeopathic treatment has more potential role in complaints of primary Dysmenorrhoea than biochemic medicine Mag Phos 30x.

Keywords - Primary Dysmenorrhoea, Homoeopathy Individualized remedies, Biochemic Medicine (Mag Phos 30x), Homoeopathic Treatment, Comparative Case Study.

INTRODUCTION:-

Dysmenorrhoea, defined as painful menstrual cramps of uterine origin, is the most common gynecological condition among women of reproductive age. Primary Dysmenorrhoea refers to the one that is not associated with any identifiable pelvic pathology.¹

Background & justification of study: The condition has a considerable impact on quality of life, productivity, and mental health. Women with primary Dysmenorrhoea often miss school, work, or social activities. The economic burden of lost productivity and healthcare costs related to managing symptoms is significant. Research is needed to better understand the condition's social and economic effects, which could lead to more effective management strategies.

Aetiology of pain:-

Spasmodic pain is attributed to myometrial contractions due to increased PGF2a secreted under progesterone effect. Increased peristaltic action is seen in the sub endometrial zone on ultrasound scan and this causes myometrial activity. Vasopressin by increasing PGF α secretion in primary Dysmenorrhoea is also held responsible. Similarly, endothelin increasing PGF α contributes to Dysmenorrhoea^{1,2}.

Prevalence:-

Primary dysmenorrhoea is widely prevalent; more than 50% of teenagers and 30%-50% of menstruating women suffer from varying degrees of discomfort. The severe incapacitating type, which interferes with a woman's daily activities, affects only about 5%-15% of the population. Its prevalence is higher amongst the more intelligent and sensitive working class women.^{3,4}

Clinical features:-

1. Pain usually starts 1 to 2 days before the onset of menses or just after the menstrual flow with pain typically lasting for 8 to 72 hours⁵
2. In addition to lower abdominal/pelvic pain, Dysmenorrhoea is usually associated with common symptoms that can be categorized into two main dimensions: physical and psychological symptoms.
3. The commonly experienced physical symptoms are systemic, gastrointestinal, and elimination-related.
4. The systemic symptoms include headache, lethargy, fatigue, sleepiness/sleeplessness, heavy lower abdomen, backache, in addition to painful knees and inner thighs, myalgia, arthralgia, and swollen legs.
5. Regarding the psychological symptoms, dysmenorrhic females may experience mood disturbances such as anxiety, depression, irritability, and nervousness^{5,6,7,8}
6. The gastrointestinal symptoms include an increase or decrease in appetite, nausea, vomiting, and bloating, while the elimination-related symptoms comprise constipation, diarrhea, frequent urination, and sweating.⁹
7. Primary Dysmenorrhoea occurs in ovulatory cycles; hence, it makes its appearance a few years after menarche with at least 6-12 months of pain less periods.
8. It is most intense on the first day of menses and progressively lessens with menstrual flow.
9. Pelvis findings are normal.¹⁰

Diagnosis: - The ICD-10 (International Classification of Diseases, 10th edition) provides diagnostic criteria for primary Dysmenorrhoea under the code N94.4.¹¹

Here are the general diagnostic criteria and characteristics:

ICD-10 Code: N94.4 - Primary Dysmenorrhoea

- Primary Dysmenorrhoea refers to the one that is not associated with any identifiable pelvic pathology.
- It is now clear that the pathogenesis of pain is attributed to a biochemical derangement.
- It affects more than 50% post pubescent women in the age group of 18-25 with ovulatory cycles.

General Management:-

- Hot fomentation during pain
- Adequate rest.
- Personal proper hygiene.

- Avoid stress & strain¹²

Homoeopathic Treatment:-

Magnesium Phosphoricum is well-known for its muscle-relaxing and antispasmodic effects. In dysmenorrhoea, it helps relieve the uterine muscle spasms that cause painful cramps. The most common indication for using Mag Phos in dysmenorrhoea is when the menstrual pain is sharp, cramp-like, and involves spasms of the uterine muscles. This is especially true when the pain is intense and occurs at the onset of menstruation or during the flow.^{13, 14}

Pulsatilla is pre-eminently a female remedy, especially for mild, gentle, yielding disposition. menses; dark thick; too late; scanty; after bathing; clotted, changeable, intermittent, irregular, vicarious; delayed at puberty, dysmenorrhoea. Cramping pain with a bearing-down feeling, either with scanty flow or thick, dark, clotted discharge, can also occur—symptoms that are changeable often point to Pulsatilla.^{15,16}

Viburnum Opulus Menses to late scanty lasting a few hours with crampy Pains; Pains extend down to thighs. Worse lying on affected side in warm room, evening & night; Better by open air & Resting.¹⁴

Belladonna Symptoms that are very intense and come and go suddenly, accompanied by a feeling of heat, often indicate a need for this remedy. The menstrual flow is typically bright red, profuse, and may have begun too early. Pain and cramping are worse from jarring and from touch, yet applying steady pressure often brings relief. Walking or bending over can make things worse, and sitting may be the most tolerable position.¹⁵

METHODOLOGY

Material and Methods:-

A Comparative Study was conducted on cases of Dysmenorrhoea with age group of 15-35 years at Institutional OPD & Peripheral OPD. Cases from school & health camps, to evaluate the role of Individualized Homoeopathic medicine versus Magnesium Phosphoricum 30x in Primary Dysmenorrhoea

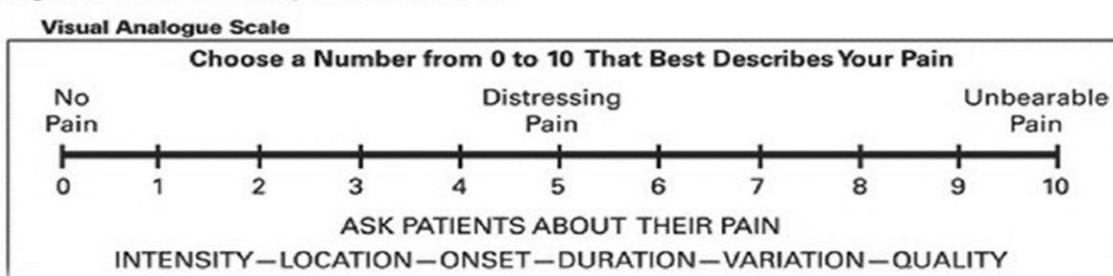
Patients & Settings:-

The cases for the study were being selected from Institutional OPD & Peripheral OPD, Cases from school & health camps. Girls of age of 15-35 years meeting the diagnostic pain rating scale for Dysmenorrhoea.

Intervention: -

Investigators were instructed to make an in-depth case taking with the patients as per the guidelines laid down by DR. Samuel Hahnemann in 6th edition of Organon of medicine. The girls enrolled in the study were not on any other pharmacological intervention. Kentian Method of evaluation and repertorization using RADAR software was used to reach the Individualized Homoeopathic medicine, however the final decision was made after consultation with Materia Medica. The medicines were given from the OPD.

Figures: Tools Commonly Used to Rate Pain



Outcome Measures:-

Pain ratings scale i.e. the VAS (visual analogue scale) before treatment & after last follow-up. Overall, of 30 patients, 24 showed significant improved in their primary Dysmenorrhoea complaints, in which 15 cases we prescribed biochemic remedy Mag Phos 30 x out of which 11 cases (73%) were improved & 4 cases (27%) were not improved. And in another 15 cases we prescribed Individualized Homeopathic Medicine out of which 13 cases (87%) were improved & 2 cases (13%) were not improved.

Statistical Techniques and Data analysis:-

Students 't' test was used to determine the utility of Homoeopathic medicines in the improvement of the cases having Primary Dysmenorrhoea. Patients' t test was used to test statistically the change in the severity of pain in the patients having Primary Dysmenorrhoea

Result

Statistical analysis –

Table No. 1 - Age Group Distribution In Case Study

Age group	No. of cases
11-15 years	3
16-20 years	9
21-25 years	15
26-30 years	3

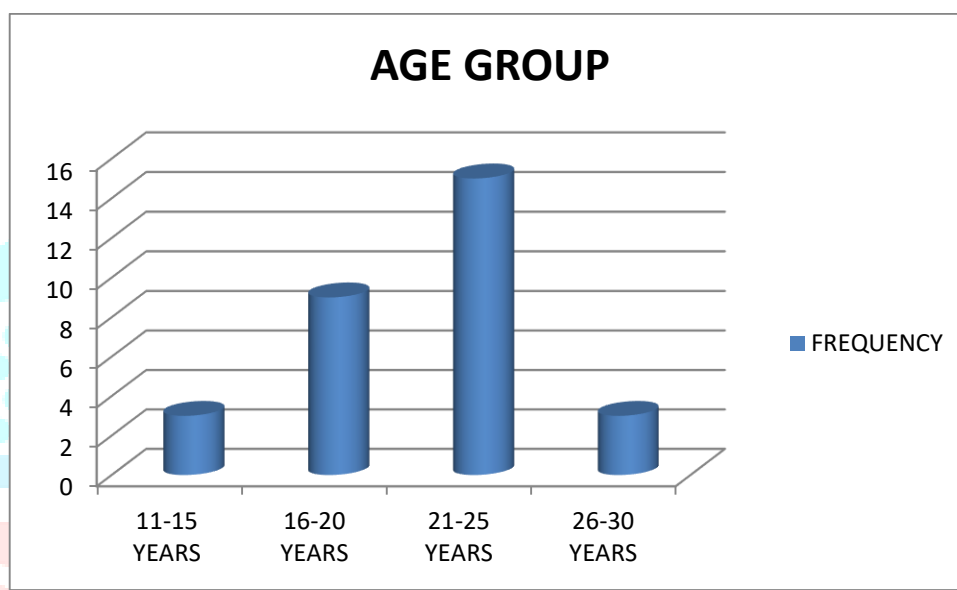


Figure No. 1- Age Group Distribution In Case Study

Table No. 2 - Marital Status

Marital status	No. of cases
Married	2
Unmarried	28
Divorced	0

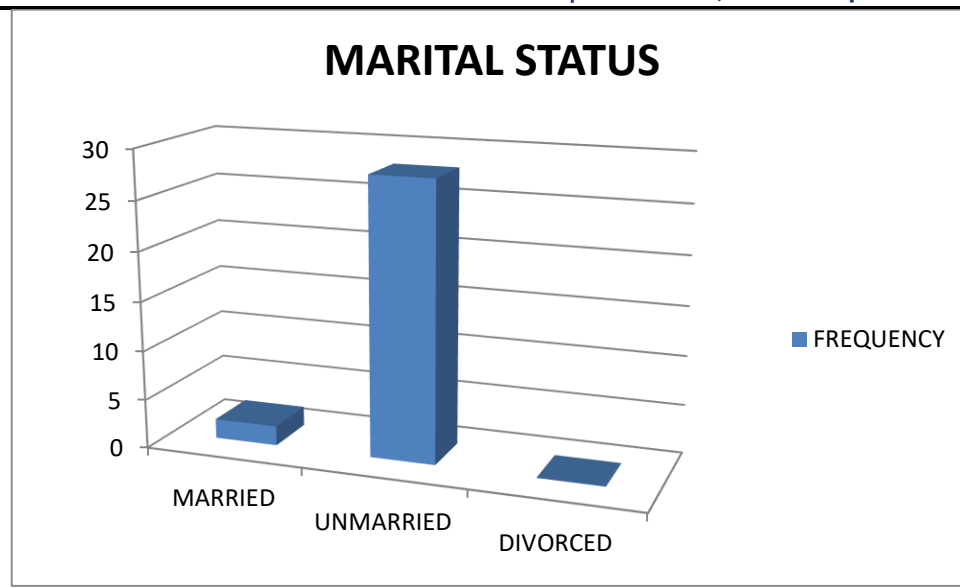


Figure No. 2 - Marital Status

Table No. 3 - Remedy Prescribed

Medicine prescribed	No. of cases
Pulsatilla	2
Natrum Muraticum	2
Lycopodium Clavatum	2
Ignatia Amara	2
Kali Carbonicum	1
Sepia	1
Calcarea Carbonicum	1
Aurum Metallicum	1
Staphysagria	1
Phosphorus	1
Nux Vomica	1

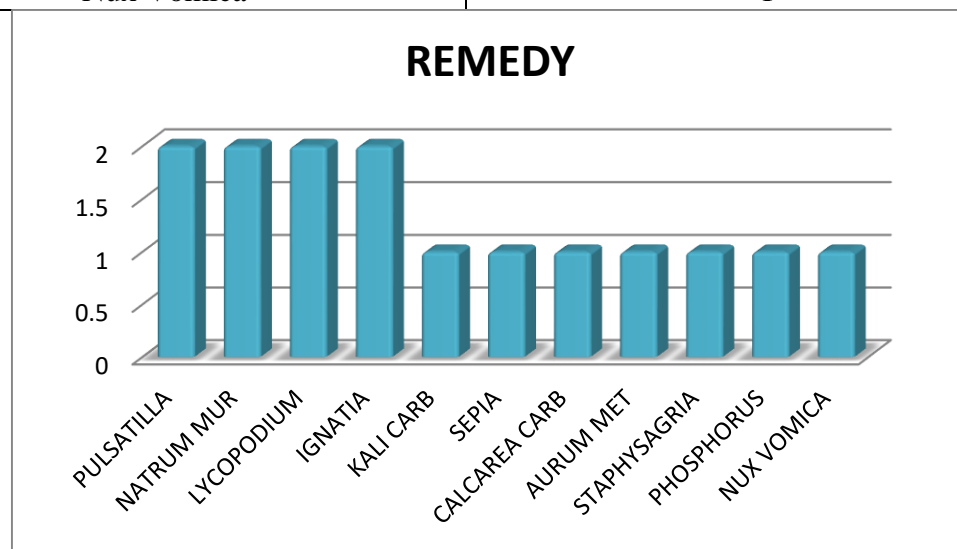


Figure No. 3 - Remedy Prescribed

Table no. 4 -Pain Intensity Scale After Mag Phos 30x Treatment

Pain intensity	Frequency
Severe	4
Moderate	1
Mild	3
No pain	7

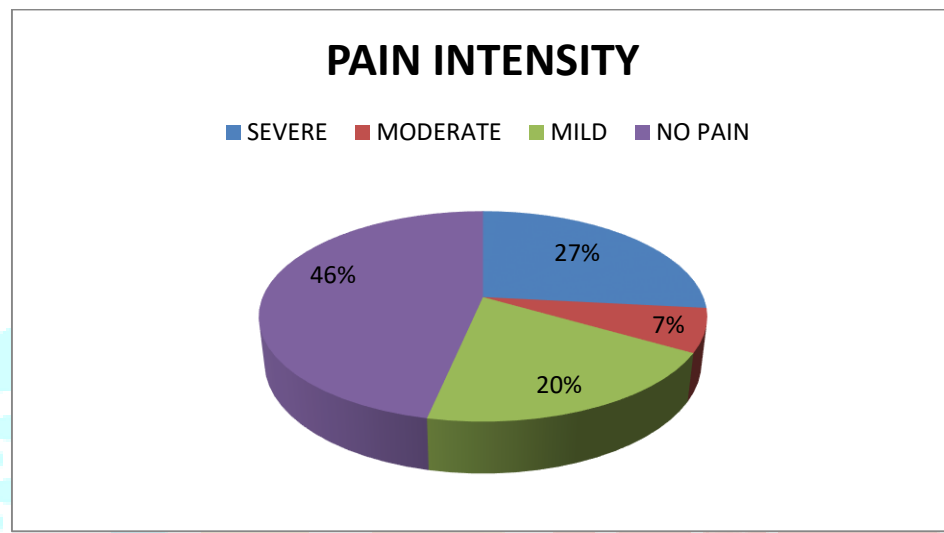


Figure No. 4 - Pain Intensity Scale After Mag Phos 30x Treatment

Table No. 5 - Pain Intensity Scale After Individualized Homoeopathic Medicine Treatment

Pain intensity	Frequency
Severe	1
Moderate	5
Mild	9
No pain	0

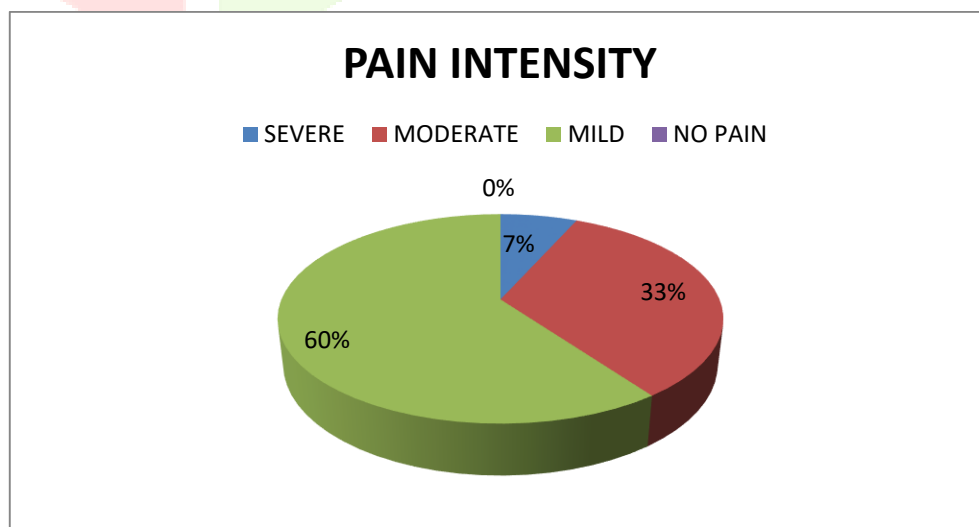
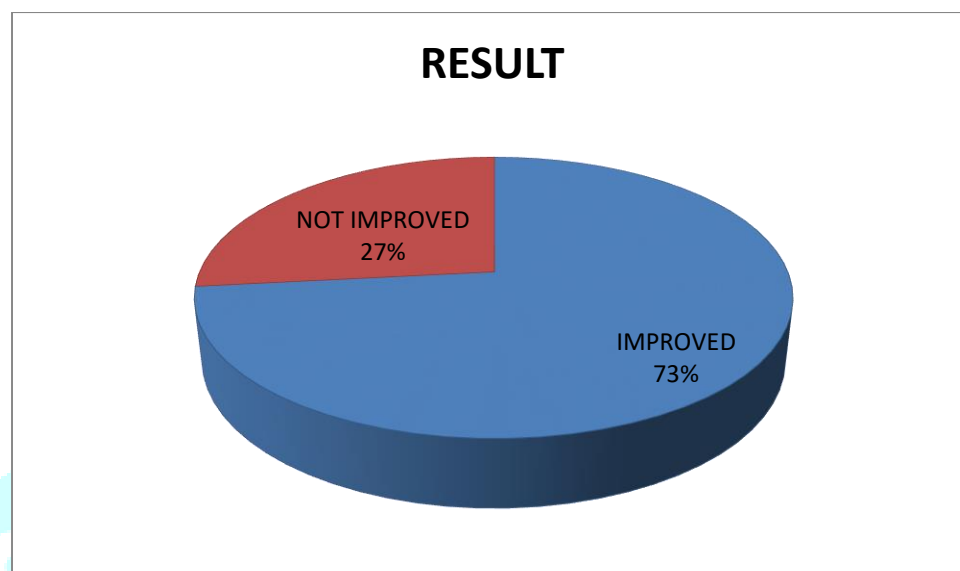


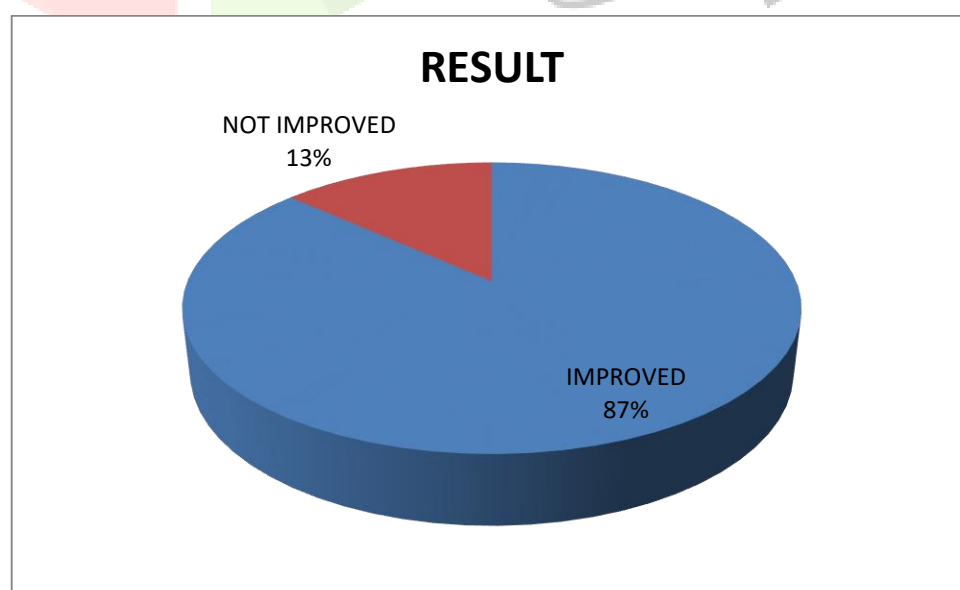
Figure No. 5 - Pain Intensity Scale After Individualized Homoeopathic Medicine Treatment

Table No. 6- Result Of Biochemic Homoeopathic Medicine Mag Phos 30x Prescribed In 15 Cases Of Primary**Dysmenorrhoea**

Result	No. Of cases
Improved	11
Not improved	4

**Figure No. 6 -Result Of Biochemic Homoeopathic Medicine Mag Phos 30x Prescribed In 15 Cases Of Primary Dysmenorrhoea****Table No. 7- Result Of Individualized Homoeopathic Medicine Prescribed In 15 Cases Of Primary Dysmenorrhoea**

Result	No. of cases
Improved	13
Not improved	2

**Figure No. 7- Result Of Individualized Homoeopathic Medicine Prescribed In 15 Cases Of Primary Dysmenorrhoea**

Student's T - Test Was Applied For Statistical Analysis.

- Total of 30 patients were observed and t - test was applied. The change in the severity of pain, scored with the Cook's scale, assess the improvement of the patients.
- Calculated value of t (8.785) was greater than table value of t (1.860).
- Therefore, we conclude that severity of pain can be reduced by the use of homeopathic medicines.
- Hence it concludes that homeopathy plays a major role in improving the complaints of the patients having Primary dysmenorrhoea

DISCUSSION

Primary dysmenorrhoea refers to the painful menstrual cramps occurring in the absence of any underlying medical condition or pelvic pathology. It is a common gynaecological issue, primarily affecting adolescent and young adult women. The pain is usually caused by uterine contractions and can vary in intensity. Magnesium Phosphate is one of the 12 essential tissue salts in biochemic medicine. It is believed to play a role in cell metabolism and muscle function. It is used in the 30x potency form, meaning it is diluted and potentized 30 times in a series of dilutions. Mag Phos 30X is often preferred for quick relief of acute pain due to its straightforward and predictable therapeutic effects. It has a strong muscle-relaxing action, making it particularly effective for crampy, spasmodic pain in the uterus, which is the hallmark of primary Dysmenorrhoea (painful menstruation). It helps relieve the spasms of the uterine muscles, which are responsible for the intense cramping pain experienced during menstruation. It is highly effective when cramps are associated with muscle tension and contraction. Individualized homeopathic treatment is based on the totality of the patient's symptoms, including physical, emotional, and constitutional characteristics. Individualized homeopathic treatment may provide a more holistic solution, addressing not just the pain but also any emotional or psychological factors that may contribute to the discomfort. Homeopathy seeks to treat the root causes of disease by identifying the most appropriate remedy based on the patient's unique condition. Overall, out of 30 patients, 24 showed significant improved in their primary Dysmenorrhoea complaints, in which 15 cases we prescribed biochemic remedy Mag Phos 30 x out of which 11cases (73%) were improved & 4 cases (27%) were not improved. And in another 15 cases we prescribed Individualized Homeopathic Medicine out of which 13cases (87%) were improved & 2cases (13%) were not improved. Thus, the results indicate that Individualized Homeopathic treatment may be an effective approach for managing primary Dysmenorrhoea in majority of cases than biochemic medicine Mag Phos 30x.

CONCLUSION:

Both individualized homeopathic medicine and biochemic medicine (Mag Phos) have their merits in managing primary Dysmenorrhoea. Out of 30 cases, in 15 cases we prescribed biochemic remedy Mag Phos 30 x out of which 11cases (73%) were improved & 4 cases (27%) were not improved And In 15 cases we prescribed Individualized Homeopathic Medicine out of which 13cases (87%) were improved & 2cases (13%) were not improved. Individualized homeopathic medicine provides a comprehensive, long-term approach that not only alleviates menstrual pain but also works to restore balance in the body's overall health, potentially leading to more sustained relief and prevention of future episodes. Mag Phos is a valuable remedy for quick, symptomatic relief of acute menstrual cramps and spasms, particularly when pain is severe and spasmodic, but it does not address the broader underlying causes of Dysmenorrhoea.

Thus, the results indicate that Individualized Homeopathic treatment may be an effective approach for managing primary Dysmenorrhoea in majority of cases than biochemic medicine Mag Phos 30x.

Conflict of Interest: None

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