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CASE-REPORT

Title: A case report on the role of homoeopathy in pain and perceived stress in primary dysmenorrhoea

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ABSTRACT

This case study features a 16-year-old girl who has complained for two years of lower abdominal pain that radiates to both legs throughout her menstrual cycle. Along with physical complaints, she felt overburdened and stressed as she couldn't cope with her studies. An abdominal and pelvic examination revealed no suspicious findings. A comprehensive case history was taken, and according to the totality of symptoms, a remedy was prescribed that improved the patient's psychological and physical health. This case justifies the role of homoeopathic medicine in reducing pain and perceived stress in cases of primary dysmenorrhoea.

Keywords: *Calcarea carbonica, Homoeopathy, Individualized, Primary Dysmenorrhoea, Perceived Stress*

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INTRODUCTION

Gynaecological morbidity pertains to any ailment, sickness, or disorder of the reproductive system that is not brought on by pregnancy, abortion, or childbirth but may be caused by sexual behaviour. WHO has defined three types of reproductive morbidity that are gynaecological, obstetric, and contraceptive. Heavy menstrual flow, dysmenorrhoea, menstrual abnormalities, and primary and secondary amenorrhoea are all common gynaecological issues in adolescent girls.[1] Dysmenorrhoea is characterized by a difficult or painful menstrual flow. It refers to menstruation which is so painful that it makes daily activities difficult.[2] Dymenorrhoea is classified into two types: Primary dysmenorrhoea is a condition marked by painful menstruation in women with normal pelvic structures. It primarily affects adolescent women with ovulatory cycles and impacts over fifty percent of postpubescent women between the ages of 18 and 25. Secondary dysmenorrhoea is defined as painful menstruation with pelvic pathology like fibroids, adenomyosis, endometriosis, pelvic inflammatory diseases, etc.[3] Dysmenorrhoea involves 16% to 91% of reproductive-age women, with serious pain affecting 2% to 29% of those polled.[4] The true prevalence of Primary Dysmenorrhoea in India is yet to be determined. In 2023, a cross-sectional survey found that the prevalence of dysmenorrhoea was 70.2%.[5]

Even though dysmenorrhoea is not fatal, it can be exhausting and emotionally draining for many women. Some people decide not to seek medical care for their discomfort and instead self-medicate at home. The most frequent cause of adolescent absences from school is dysmenorrhoea, which also accounts for major absenteeism from job.[6] According to one study, the annual productivity loss owing to presenteeism was more than seven times that of absence.[5]

Dysmenorrhoea is associated with dysrhythmic uterine contractions and uterine hypoxia. It is often cured with pregnancy and vaginal delivery. Pain threshold is lowered by psychosomatic factors like tension and anxiety during adolescence. The basic pathological areas for primary dysmenorrhoea are dysperistalsis and hyperactivity of the Uterine Junctional Zone (JZ). Biochemical mediators like progesterone, PGF2α, endothelin, PAFs, and leukotrienes are mainly involved. Pain that begins a few hours before or shortly after the commencement of menstruation and lasts for a few hours to 24-48 hours is one of the clinical symptoms. Spasmodic pain is observed which is confined to the lower abdomen, with possible radiating pain to the back and medial aspect of the thighs. Systemic symptoms such as nausea, vomiting, exhaustion, diarrhoea, headache, and tachycardia may be accompanied by vasomotor alterations resulting in pallor, cold sweats, and fainting. Family history is often found if the mother or sister is dysmenorrheic.[2] Behavioural risk factors include smoking, coffee consumption, low omega-3 (fish) intake, body mass index of less than 20 or greater than 30, and psychosocial symptoms like anxiety and

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depression. The release of luteinizing and follicle-stimulating hormones is inhibited by stress, impairing follicular growth and influencing prostaglandin activity through changes in progesterone synthesis and release. Stress hormones like adrenaline and cortisol also have an impact on prostaglandin synthesis and myometrial binding.[5]

Menstrual history and clinical characteristics are used to make the diagnosis of primary dysmenorrhoea. There are no abnormal findings on the abdominal or pelvic examination. Treatment strategies include both pharmaceutical and non-pharmacological approaches. Oral contraceptive pills, nonsteroidal anti-inflammatory medications, and pain reliever pills are examples of pharmacotherapy. Nonpharmacological treatment includes Transcutaneous electrical nerve stimulation, massage, acupuncture, exercise, intake of vitamins and essential fatty acids, etc. General measures include improvement of general health, keeping bowels empty during menstruation, regular exercise, and psychotherapy like explaining and reassuring the patient.[2] The key diagnostic issue in Dysmenorrhoea is differentiating Primary Dysmenorrhoea from Secondary Dysmenorrhoea

Few studies were conducted in the past - A double-blind, randomized, placebo-controlled, clinical trial was conducted to see the Efficacy of individualized homeopathic medicines in primary dysmenorrhoea in Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India on 128 patients divided into two groups of 64 each. One group was given individualized homeopathic medicines (IH) and another placebo. There was an improvement in IH over placebo in pain measured by the Numerical Rating Scale and Verbal Multidimensional scoring at all times.[7] Another study was conducted on the management of primary dysmenorrhoea in young unmarried females using individualized homoeopathic medicines versus conventional treatment. It was a randomised, open-label clinical trial that used a Visual Analogue Scale for pain and the World Health Organisation Quality of Life: Brief Version (WHOQOL-BREF) scale to assess the quality of life after three and six months of treatment. 80 patients were taken which was divided into two groups of 40 each. The results demonstrated the effectiveness of individualised homoeopathic medicines by reducing pain intensity and improving QOL in individuals with PD.[8] Several studies in allopathy have found that stress has a positive relationship with dysmenorrhoea. For example, a study conducted in China found that the risk of dysmenorrhoea was over two times greater among women with high stress compared to those with a low level of stress in the preceding cycle. Stress in the preceding cycles' follicular phase was associated with dysmenorrhoea more than stress in the preceding cycles' luteal phase.[9]

PRESENTING COMPLAINT:

A 16-year-old unmarried Hindu female from the upper middle socioeconomic class presented with complaints of pain in the lower abdomen extending to both thighs during menstruation over the past two years, as well as diarrhoea on the first day of menstruation.

HISTORY OF PRESENTING COMPLAINT:

The patient was well 2 years back when she started complaining of pain in the abdomen during menses and loose stools with a frequency of 3-4 times on the first day of menstruation.

Onset and duration- Pain begins gradually, starting from a few hours before menses and continuing for the next 24 to 36 hours.

Location- Hypogastrium and medial side of both thighs

Sensation- Crampy, intermittent pain

Modalities- <exertion, >hot fomentation, allopathic medicine

Concomitant- During menses she has a headache in the vertex region which is a dull aching type and is ameliorated by rest and pressure.

Impact on physical and social activity- She avoids going to school or any kind of physical activity for 1 to 2 days.

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GYNAECOLOGICAL HISTORY
Menarche at the age of 13 years.
LMP- 28-april- 2023.
Duration- 4 to 5 days.
Pattern of cycle- Regular at an Interval of 28+-4 days
Character of flow- Normal flow, with few clots. Stringy, and slightly offensive.
Quantity of flow- Uses 2 to 3 pads/day, more on first two days;
Color- Dark red in color
Intermenstrual bleeding- Absent

PAST HISTORY- N/S

FAMILY HISTORY
Mother- 41 years old, hypothyroidism for 5 years
Father- 45 years old, alive and healthy
Siblings -none
Maternal grandmother- Deceased, was suffering from pulmonary tuberculosis

PHYSICAL GENERALS
- **APPETITE –** Normal, 3 meals per day, 1-2 chapattis per meal
- **THIRST** – 4 to 5 glasses, at cold temperature
- **DESIRE** –Cheese and paneer
- **AVERSIONS** – Milk
- **INTOLERANCE** – n/s
- **TONGUE**- Clean and moist
- **TASTE OF MOUTH**- N.S.
- **SLEEP** – 7 hours per day, refreshing.
- **Dreams**- N/S, doesn't remember usually
- **URINE** D4-5 N0-1, pale-yellow, non-offensive
- **STOOL** –D1 N0, satisfactory, first hard then followed by soft stool
- **PERSPIRATION** – On exertion, mostly on the face, non-offensive, cold clammy, non-staining
- **THERMAL REACTION** – chilly
- **Fear-** dogs

MENTAL GENERALS
She is the only child of her parents and is pampered by them. In academics, she is intelligent but takes time to comprehend things. she is studying in class 11th. Due to the change in subjects and increased load of studies from class 10th to 11th, she is unable to cope with her studies. She finds her subjects time-consuming and feels as if she is unable to handle this pressure making her stressed. She is an introvert who takes time to develop relationships with others; has few friends and doesn't share much about her feelings with anyone.

CLINICAL FINDINGS
An abdominal and pelvic examination revealed no suspicious findings. The patient reported severe pain in her lower abdomen and thighs. Visual Analog Scale (VAS)10 was used for the assessment of pain and Perceived Stress Score (PSS)11 was used to assess stress. She rated her pain as 8 on the Visual Analogue Scale and stress score was 23 on the Perceived Stress Score (PSS).

GENERAL PHYSICAL EXAMINATION
She is fair complexioned, endomorphic with a height 4'8" and a weight 57kg. The blood pressure was kept at 124/82mm Hg, the pulse rate at 74 beats per minute, and the respiratory rate at 18 breaths per minute.

CLINICAL DIAGNOSIS: Primary dysmenorrhoea

Table 1: Analysis And Evaluation Of Symptoms [12,13]

Symptoms of patient	Intensity	Miasm
Mental generals		
1. Introvert	+3	Sycosis
2. Unable to handle things and is stressed	+3	Psora
3. Fear of dogs	+3	Syphilis

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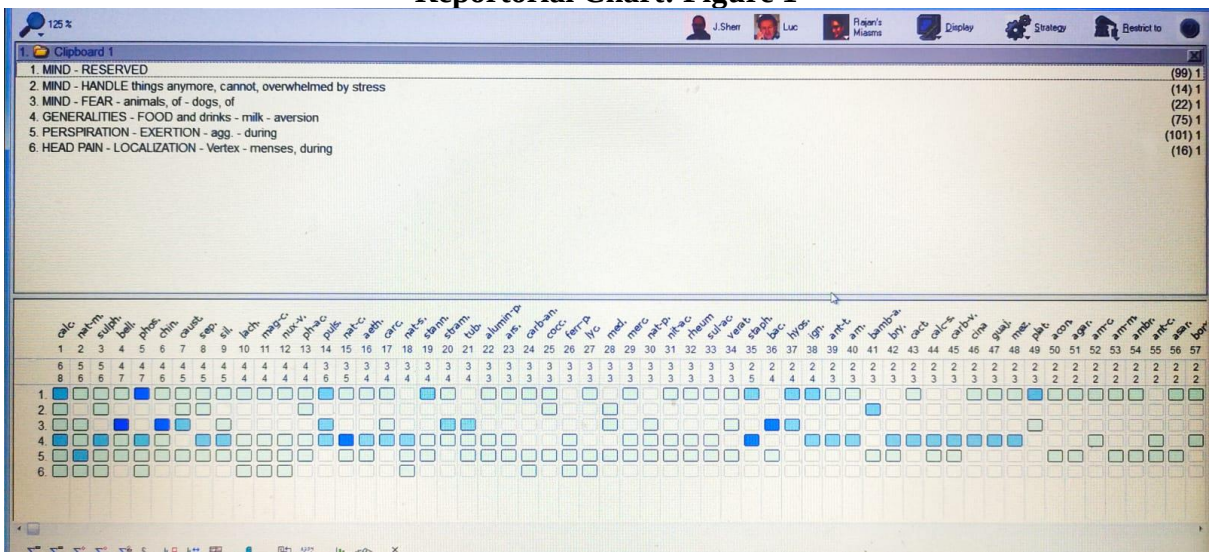
Physical Generals 4. Aversion to milk 5. Perspiration on exertion	 +2 +2	 sycosis Sycosis
Particular 6. Pain in the vertex region of the head during menses	+3	Sycosis

REPORTORIAL TOTALITY

- Mind- reserved
- Mind- handle things anymore, cannot, overwhelmed by stress
- Mind- fear- animals, of- dogs, of
- Generalities- food and drinks- milk- aversion
- Perspiration- exertion- agg- during
- Head pain- localization- vertex- menses, during

Reportorial Chart: Figure 1



THERAPEUTIC INTERVENTION

The reportorial totality was analysed and *Calcarea carbonica* was found to cover all the rubrics with the highest score. According to the materia medica, *Calcarea carbonica* appears to be the closest Similimum. On the baseline visit, the drug was administered in 200c potency, one dose consisting of four globules of size 30 to be taken on an empty stomach in the morning, followed by sac lac/BD/28 days.

JUSTIFICATION- As the patient was chilly and mental symptoms didn't match with *Natrium muriaticum* or *Sulphur* so based on the totality of symptoms, *Calcarea carbonica* was given in 200 potency as it covered mental and physical generals.

Advice- she was advised to use hot water bag to relieve pain and was asked to take a Have a diet that ensures regular bowel movements. She was also asked to reduce weight.

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Table-2: Follow-Up Of The Case

DATE	COMPLAINT	LMP	VAS SCORE	PSS	PRESCRIPTION	REMARKS [14,15,16]
7/6/2023	Abdominal pain was same. Pain in vertex was better. She has started taking tuition to cope with studies	25/5/2023	7	21	Sac lac30/BD/28 days	Don't interfere with the action of medicine.[14]
15/7/2023	Abdominal and headache was slightly reduced. She is doing better in studies	21/6/2023	5	19	Sac lac30/BD/28 days	Wait and watch. [14]
20/8/2023	All complaints were same as last follow up. Weight- 55kg	19/7/2023	5	18	Calcarea carbonica 200C/ 1 dose stat followed by sac lac30/bd/28 days	Repeat the previous potency before moving on to the next higher potency.[15]
19/9/2023	The pain was still the same as last time, she was doing better in her studies.	24/8/2023	5	15	*Calcarea carbonica* 1M/ 1 dose stat followed by sac lac30/bd/28 days	Because there was no change, an increased potency of the same drug that had previously worked was administered.[15]
2/10/2023	Pain is gradually reducing. She is now less stressed and nervous about her studies. She scored well in her exams too.	25/9/2023	4	13	Sac lac30/BD/28 days	Let the last dose complete its action.[16]
1/11/2023	Pain was better and she was less stressed and hopeful now. Weight- 53kg	20/10/23	2	10	Sac lac30/BD/28 days	Don't repeat medicine as long as improvement continues.[16]

DISCUSSION

Menstruation is still considered a taboo in India where the status of women is questionable. Dysmenorrhoea is usually treated with conventional therapies like analgesics and anti-spasmodic but they provide relief for only a specific period and hence cannot prevent a recurrence. Non-steroidal anti-inflammatory drugs may cause

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some severe gastrointestinal side effects and are contraindicated for or intolerable by some women. As a result, many women try alternative treatments to alleviate their discomfort.[17] Dysmenorrhoea is a significant public health concern associated with significant economic loss due to job absences, particularly in women under the age of 30.[18] Studies on the efficiency of homoeopathic medication in the treatment of primary dysmenorrhoea are undertaken regularly in homoeopathy. In this situation, the focus was placed on the management of pain as well as perceived stress, as psychological issues such as grief, anxiety, and stress have been linked in the past to dysmenorrhoea and menstrual abnormalities. Mental stress is one of the most common causes of primary dysmenorrhoea in young women.[19] The patient was able to cope with her studies which made her less stressed and boosted her confidence. Here the concomitant of pain in vertex during menses was also taken into account. This case shows how the minute dose of homoeopathic medicine can help females suffering from primary dysmenorrhoea.

CONCLUSION

The patient is still being monitored and is advised to report if his or her concerns have subsided. In this case, through the holistic approach of homoeopathy, pain intensity as well as the perceived stress was significantly reduced confirming the effectiveness of homeopathic medicine in the cases of primary dysmenorrhoea. She was not taking any allopathic medication for pain as well as there was a reduction in her weight from 57 to 52 kg as she was undergoing exercises as advised. It demonstrates the efficacy of Calcarea carbonica in patients with primary dysmenorrhoea.

CONSENT- The patient's consent was taken.

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