

**A CLINICAL STUDY ON EFFECTIVENESS OF CONSTITUTIONAL
MEDICINE IN MANAGEMENT OF PATIENTS WITH SPASMODIC
DYSMENORRHEA**

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By

Dr. P.MEENAKSHI NANDHINI.

UNDER THE GUIDANCE OF

Dr.M.MURUGAN, M.D.(HOM.)

Head & Prof.

DEPARTMENT OF ORGANON OF MEDICINE
& HOMOEOPATHIC PHILOSOPHY



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Dr. M. MURUGAN, M.D. (Hom)
Prof. & H.O.D., Dept. of Organon
of Medicine & Homoeopathic Philosophy


Dr.N.V. SUGATHAN M.D.(Hom). PhD
Principal

Place: Kulasekharam

Date: 13.03.2023

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Place : Kulasekharam

Date: 13.03.2023



Dr. M. MURUGAN, M.D. (Hom.)

Prof. & H. O. D., Dept of Organon
of medicine & Homoeopathic
philosophy

DECLARATION

I, **Dr.P.MEENAKSHI NANDHINI** do hereby declare that this Dissertation entitled “**A CLINICAL STUDY ON EFFECTIVENESS OF CONSTITUTIONAL MEDICINE IN MANAGEMENT OF PATIENTS WITH SPASMODIC DYSMENORRHEA**” is a bonafide work carried out by me under the direct supervision and guidance of **PROFESSOR Dr.M.MURUGAN M.D. (Hom.), H.O.D, DEPT. OF ORGANON OF MEDICINE & HOMOEOPATHIC PHILOSOPHY**, partial fulfillments of the Regulations for the award of degree of **Doctor of Medicine (Homoeopathy)** in **ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY** of **THE TAMIL NADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI**. This has not been submitted in full or for the award of any degree or diploma from any University.

P. Meenakshi Nandhini

Dr. P. MEENAKSHI NANDHINI.

Place: Kulasekharam.

Date: 13/02/2023



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KULASEKHARAM, KANYAKUMARI DIST., PIN – 629 161, TAMIL NADU.

PHONE: 04651 – 279448 Fax. 04651 – 280100

Website: www.skhmc.org E-mail: college@skhmc.org,

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Mobile No. 9894132132

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Lay Person

Mr. G.Krishnan Nampoothiry
B.Sc (Physics), B.Sc (Engg)

Ethics Committee Clearance Certificate

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Research proposal entitled "A Clinical study on effectiveness of Constitutional medicine in management of patients with Spasmodic dysmenorrhea." by Dr.P.Meenakshi Nandhini, was discussed in the Ethics Committee meeting held on 21-10-2021 at the College.

All the members of Ethics Committee have unanimously approved your research proposal under the guidance and supervision of Dr.M.Murugan

Station: Kulasekharam

Date: 28.10.2021



B. Krishna Prasad

Dr. B. Krishna Prasad,

Chairman, Ethics Committee

Sarada Krishna Homoeopathic Medical College,
Kulasekharam, Kanniyakumari Dist., Tamil Nadu.

Chairman

Institutional Ethics Committee

Sarada Krishna Homoeopathic Medical
Kulasekharam



**SARADA KRISHNA
HOMOEOPATHIC MEDICAL COLLEGE**

(Affiliated to The Tamil Nadu Dr. M.G.R. Medical University)

Kulasekharam, Kanniyakumari Dist, Tamil Nadu 629161

☎: 04651 – 279448 🌐: www.skhmc.org ✉: college@skhmc.org


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This is to certify that this dissertation work titled..... A clinical study on effectiveness
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ABSTRACT

Spasmodic dysmenorrhea is a painful menstruation with no identifiable pelvic pathology. It is a major cause of absenteeism from work amongst women thus decreasing efficiency and quality of life among affected women. The incidence of Spasmodic dysmenorrhea is about 15-20%. The totality based on Constitution helps in selecting the similar remedy to the the patients having spasmodic dysmenorrhea. This study is aimed to systematically assess the effectiveness of constitutional medicine in treating patients with spasmodic dysmenorrhea. The purpose of this study is to understand the knowledge of various medicines for the constitutional prescription in relation to appearance, complexion, desires, constitution, temperament, diathesis, tendencies, age, occupation, marital status, family history, remedy and potency in managing the cases of spasmodic dysmenorrhea and also to evaluate the pain of spasmodic dysmenorrhea using WaLIDD Score.

Purposive selection of 30 cases of patients with Spasmodic dysmenorrhea was taken and analyzed and the totality was framed followed by the remedy prescription. The symptom score is recorded using WaLIDD Score and changes in the subsequent follow up is recorded and the statistical analysis is carried out.

The results of this study verified that Spasmodic dysmenorrhea was more affecting lean individuals (46.67%-14 cases), both complexioned individuals (50%-50%), who have more desires(83.33%-25 cases) especially for sweets (36%-9cases). Frequently occurred in Carbonitrogenoid constitution (63%-19cases), in phlegmatic temperament (53.33%- 16cases), in tubercular diathesis (56.67%-17cases), tendency to catch cold (46.67% - 14 cases). This condition is commonly occurred in 12 - 20 years of age group (63.33% - 19cases), in students (70% - 21 cases), in unmarried females (73.33% - 22 cases), having positive family history in 15 cases (50%). More cases treated with Pulsatilla nigricans(26.67% - 8 cases) and Calcarea carbonica and Natrum muriaticum (16.67% each- each 5 cases), and the 200th potency is frequently used (90% - 27cases). There were marked improvement on 21 cases (70%), remaining 9 cases showed moderate improvement .So it is evident that constitutional medicine is very effective in the management of patients with Spasmodic dysmenorrhea

KEYWORDS: Constitutional medicines, Spasmodic dysmenorrhea, WaLIDD Score.

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LIST OF ABBREVIATIONS USED

SL.NO	ABBREVIATIONS	EXPLANATION
1.	-	Negative
2.	%	Percentage.
3.	+	Positive
4.	<	Aggravation, More than
5.	>	Amelioration, Less than
6.	Agg.	Aggravation
7.	Aph, §	Aphorism
8.	F	Female
9.	F/H	Family history
10.	H/O	History of
11.	FMP	First Menstrual Period
12.	LMP	Last Menstrual Period
13.	O/E	On examination
14.	PL	Placebo
15.	SD	Standard Deviation
16.	SL	Saccharum Lactis
17.	TEMP	Temperature

INTRODUCTION

1.1 INTRODUCTION:

One of the most prevalent illnesses in gynaecological practise is dysmenorrhea, which literally refers to painful menstruation. But practically it is described as “*painful Menstruation of sufficient magnitude so as to incapacitate day to day activities*”.⁽¹⁾ Clinically it is classified into primary(spasmodic) and secondary(congestive) dysmenorrhea. Spasmodic dysmenorrhea is defined as “*painful menstruation with no identifiable pelvic pathology*”. It is a major cause of absenteeism from work amongst women thus decreasing efficiency and quality of life among affected women.⁽²⁾

It is estimated that at least 50% of women feel some discomfort during menstruation, and that 5–10% of girls in their late teenage and young twenties experience several hours of monthly incapacitation. Young working women, especially students, are subject to this condition. It significantly affects women's standard of living, capability, and utilization of medical management.⁽³⁾ Due to the significant social, occupational, and age differences in the incidence of dysmenorrhea, data for schoolgirls, college students, factory workers, and female service personnel in the armed forces will vary.⁽¹⁾

For patients suffered from spasmodic dysmenorrhea, Homoeopathy is a real blessing. Homoeopathy is a therapeutic medical system founded on the axiom ‘*Similia similibus curentur*’. A minimum dose of the selected similar remedy, which has been potentized to be effective, is prescribed. By promoting the body's innate ability to repair itself, homoeopathy works. A remedy is suggested on a constitutional basis because it activates the body's natural healing processes.

Spasmodic dysmenorrhea is entirely functional, and homoeopathic medications are very successful in treating it. As mentioned in aphorism 5, our master Dr. Samuel Hahnemann explain about the ascertainable physical constitution of the patient is to be take into consideration.⁽³⁸⁾ Constitution is defined as a person's physical and mental make-up which is revealed through his physical built, his characteristic desires, aversions and reactions as well as emotional and intellectual attributes.

With the help of constitutional medicine, not only bodily ailments but also every aspect of life will be improved. Due to the increased failure rate and frequent

abuse of standard treatments, this study is aimed to demonstrate the efficacy of constitutional medicine in management of individuals with spasmodic dysmenorrhea.

1.2 NEED FOR THE STUDY:

- Spasmodic dysmenorrhea is extremely common as it psychologically interferes with absence from school and job, which has been addressed in adolescents and young adults.
- At least one in three young women had to miss their class hours during menstrual bleeding days due to the severity of their discomfort or other limitations on day-to-day activities.⁽¹⁾
- About 15% to 20% of people experience primary dysmenorrhea that is severe enough to cause incapacity.
- According to current estimates, 10% of women are incapacitated by dysmenorrhea, whereas close to 50% of all women have it to some degree.⁽¹⁾
- Premature menarche, Prolonged menstrual cycles, copious menstrual flow, and significant family background are highly related with one or more severe episodes of spasmodic dysmenorrhea.⁽⁴⁾
- Few studies have used qualitative data to examine how women experience spasmodic dysmenorrhea. Therefore the objective behind this study is to realize and manage patients of spasmodic dysmenorrhea with the help of homoeopathic medicine based on constitution.

1.3 SCOPE OF STUDY:

- To know the application knowledge of constitution to find out the similitum in case of spasmodic dysmenorrhea.
- To verify the incidence of spasmodic dysmenorrhea by analysing the different contributing factors such as age group, occupation and parous status.
- To know the common remedies used in treatment.
- To know the potency that is found to be effective in treating spasmodic dysmenorrhea.
- To know the repetition of remedies in the case of spasmodic dysmenorrhea.

1.4 STATEMENT OF THE PROBLEM:

CLINICAL STUDY:

The data for this study gathered from patients who visited the Outpatient Department, Inpatient Department, and rural health clinics of Sarada Krishna Homoeopathic Medical College. A constitutional medicine-based observational study of people with spasmodic dysmenorrhea is being conducted.

EFFECTIVENESS OF CONSTITUTIONAL MEDICINE IN MANAGEMENT OF PATIENTS WITH SPASMODIC DYSMENORRHEA:

SPASMODIC DYSMENORRHEA:

Spasmodic dysmenorrhea is a very common gynaecological complaint which refers to an intense, agonising cramping in the lower abdomen just before or during menstruation. The patient may also has nausea, vomiting, headache, diarrhoea, fainting during menses. There is no identifiable abnormal pathology in this condition.

CONSTITUTIONAL MEDICINE:

Homoeopathic medicines administered based upon the constitution of the person(bodily and mental make up) to prevent the recurrence of the condition. In order to understand the bodily makeup of the patient, a physician must first realize the patient's physical level, which includes appearance, build, hair and nail texture, desires, aversions, intolerances, discharges and eliminative features, sleep and its position, and temperature reactions. Mental characteristics such as emotional and intellectual abilities and performances are also mentioned. Tendencies to particular condition also included. Different concomitants, such as a child's developmental history, which includes dentition and milestones; woman's pubertal history, menstrual history, and history of conception, are the vital expressions that represent the quality of the constitution.

- Complications from homoeopathic treatment are extremely negligible.
- Identifying the constitution of patients to acquire the disease is very significant for treating a case most effectively through homoeopathy.

- We must administer homoeopathic care in order to stop the spasmodic dysmenorrhea from recurrence.
- Choosing the right constitutional medicine for each patient is essential to adequately treating the illness and preventing problems.

Using constitutional approach, this study seeks to understand about patients having spasmodic dysmenorrhea.

AIMS AND OBJECTIVES

2. AIMS AND OBJECTIVES:

- To assess the effectiveness of constitutional medicine in the management of patients with spasmodic dysmenorrhea.
- To understand the knowledge of various medicines for the constitutional prescription.
- To evaluate the pain of spasmodic dysmenorrhea using WaLIDD Score

**REVIEW OF
LITERATURE**

3. REVIEW OF LITERATURE

3.1 FEMALE REPRODUCTIVE ORGANS:

3.1.1 VAGINA:

A distensible, fibromuscular tube called the vagina that connects the vestibule to the cervix of uterus. The anterior wall is about 7.5 cm long and the posterior wall is about 9 cm in length. The transverse slit-shaped lumen, which has anterior and posterior walls in contact, is usually obliterated.⁽²⁰⁾

The blood supply is provided via descending cervical branch of uterine artery and the vaginal artery. The venous drainage from the vaginal veins is received by the internal iliac veins. The lymphatic drainage is mainly through obturator, internal and external iliac, superficial inguinal nodes. The parasympathetic nerves through second, third, and fourth sacral nerves and sympathetic nerves from the hypogastric nerve plexus provide the majority of the vaginal nerves. ⁽²⁰⁾

3.1.2 THE UTERUS:

The uterus is a muscular hollow organ with thick walls that is roughly about 7.5 cm in length, 5 cm wide, and thickness of about 2.5cm. It measures 30 to 40 grams in weight.⁽⁹⁾ the uterus is a pear-shaped organ and is anteflexed and anteverted. The uterus is divided into two main regions: the body of the uterus, which makes up its upper two-thirds, and the cervix, which is narrower and more cylindrical.⁽¹⁷⁾

The uterine artery and the ovarian arteries are principally supplies the uterus. The veins that accompany the arteries drain into the internal iliac veins, although they also connect to the veins of vagina and bladder via the pelvic plexus. The fundus of uterus drains into the aortic nodes. The iliac and sacral lymph nodes receive drainage from the cervix.⁽⁷⁾ Through the inferior hypogastric nerves and ovarian nerve plexus, the uterus receives extensive sympathetic and parasympathetic nerve supply.

Structure of Uterus:

The three layers of tissue that make up the walls of uterus namely endometrium, myometrium and perimetrium. Functional layer and basal layer are the

two distinct layers that endometrium consists of. The upper layer, known as the functional layer, thickens and fills up with blood vessels during the first phase of the menstrual cycle. If the ovum is not fertilised and implants normally, this layer disappears during menstrual cycle. The basal layer, which lies close to the myometrium and is retained throughout menstruation. This layer serves as the foundation for the formation of the new functional layer during each cycle.⁽⁶⁾

3.1.3 CERVIX:

The cervix, which runs from the fornices into the vagina and is roughly about 2.5 cm in length. It has an infravaginal and supravaginal portion, known as the portio vaginalis. A cervical canal runs through the cervix from the external os below to the internal os above. The uterine artery supplies the cervix and drains to internal iliac veins. The cervix drains into pelvic nodes which include the parametrial, obturator, internal iliac and external iliac nodes.⁽²⁰⁾

3.1.4 THE OVARY:

The female gonads that produce ova are called ovaries. Each ovary is an almond-shaped structure (amygdaloid), pinkish-white that has dimensions of about 3 cm in length, 1.5 cm broad and 1cm width. Volume of one ovary is approximately 6cm³.^(17,8) The ovary receives blood from the ovarian artery, which leaves the aorta at the level of the renal arteries.⁽⁷⁾ The veins appear at the hilus of the artery where a pampniform plexus drains blood to the inferior vena cava. Both the preaortic and lateral aortic nodes receive ovarian drainage.⁽¹⁰⁾ Ovaries are supplied from the aortic plexus of nerves(T10).

Microstructure of Ovaries:

Ovarian surface epithelium is a layer that covers the surface of ovary. This has two tissue layers namely the ovarian cortex and medulla. Depending on the menstrual cycle stage or age, the cortex of ovary comprises corpus lutea and ovarian follicles of varied sizes. The follicles are embedded in a stroma composed of many fibres and arranged in swirls. The medulla of ovary is highly vascular than cortex. Chromaffin cells occur in medulla that may be a source of androgens.⁽¹⁷⁾

3.1.5 FALLOPIAN TUBES:

The oviducts, also known as fallopian tubes, are located on the superior border of the wide ligament and range in length from 7 to 12 cm. It consists of four parts, infundibulum, ampulla, isthmus and the interstitial parts. The interstitial part is inside the myometrium. The blood supply is mainly supplied by the ovarian artery and the uterine artery. The venous drainage is mainly through the pampniform plexus drained thereby to ovarian veins. The lymphatics drain to paraaortic nodes.⁽²⁰⁾

3.2 PHASES OF THE FEMALE REPRODUCTIVE CYCLE:

Every menstrual period lasts from 20-45 days and the average duration is considered as 28 days.⁽⁶⁾ It is divided into four phases. This is shown in Figure 1.

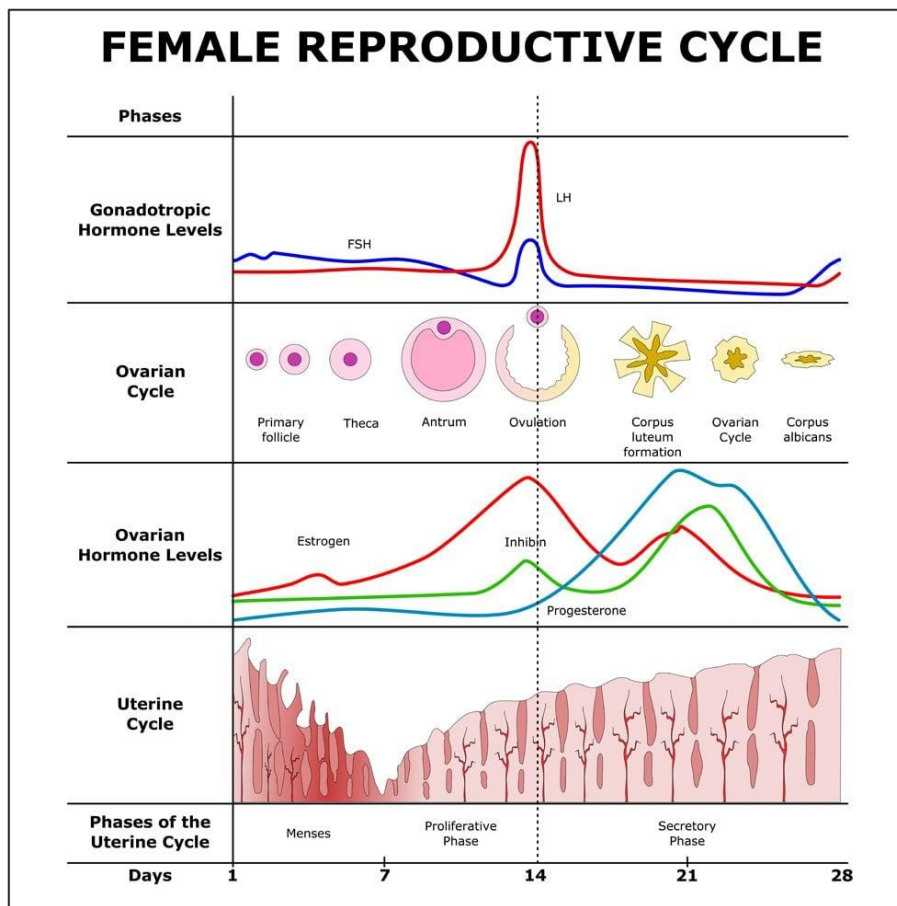


Figure. 1. Phases of Female Reproductive Cycle

- The menstrual phase
- The pre-ovulatory phase or proliferative or oestrogeneal phase

- The ovulatory phase
- The postovulatory phase or secretory or luteal or progesteronal phase⁽¹²⁾

3.2.1_MENSTRUAL PHASE:

Menstrual phase often consists in beginning of five days of the cycle. In ovary, Several primordial follicles transform into primary follicles under the action of FSH, then into secondary follicles. Consequently, a follicle that begins to grow at the start of a given menstrual period may not develop and ovulate until several menstrual periods later.⁽¹⁴⁾

During menstruation, the uterus releases 50–150 cc of blood, mucus endometrial epithelial cells and tissue fluid. The amount of progesterone and oestrogen are falling which causes the arcuate uterine arteries to constrict, results in menstrual discharge. Because of oxygen deficit they cause, the cell they nourish begins to degenerate. The functional stratum as a whole eventually sheds. Only the stratum basalis is making the endometrium relatively thin (between 2 and 5 mm). The cervix and external vaginal walls allow the menstrual flow to exit the uterine cavity.⁽¹⁶⁾

3.2.2 PREOVULATORY OR PROLIFERATIVE PHASE:

Preovulatory phase refers to the interval between the end of menstruation and ovulation. It lasts for six to thirteen days in a cycle of 28 days. Inhibin and oestrogen are being secreted by a few of the secondary follicles in the ovaries. The dominant follicle outgrown from the secondary follicle produce inhibin as well as estrogens, which inhibit the release of FSH and cause atresia in other, less mature follicles. The graffian follicle, which often develops from the single dominant secondary follicle, grows till it is greater than 20mm in diameter and prepared for ovulation.⁽¹⁴⁾ In uterus, endometrium is repaired in response to estrogens released into the blood by developing ovarian follicles; to form a new stratum functionalis, cells in the stratum basalis go through mitosis. The thickness of endometrium approximately about 4-10mm.⁽¹⁶⁾

3.2.3 OVULATORY PHASE:

Ovulation occurs when secondary oocyte is released into the pelvic space following the rupture of mature follicle, which typically takes place on day fourteen of a 28-day cycle. The cells that produce LH and gonadotrophin-releasing hormone (GnRH), which are important for ovulation, are positively affected by increased oestrogen levels. Anterior pituitary is stimulated by GnRH to release FSH and extra LH.⁽¹⁴⁾

3.2.4 POST-OVULATORY OR SECRETORY OR LUTEAL PHASE:

In a 28-day cycle, the postovulatory phase that remains from days 15 to 28, occurs between the time of ovulation and the beginning of the following menstrual cycle. As a result of LH-mediated corpus luteum cell metamorphosis, theca interna cells and granulosa cells merged. The negative response suppression by the ovarian hormones causes the production of GnRH, FSH, and LH to increase as the amount of estrogens, inhibin and progesterone fall.⁽⁶⁾

Oestrogens and progesterone produced by the corpus luteum affect the thickness of the endometrium that ranges from 12–18 mm. Progesterone as well as oestrogen levels fall if fertilisation will not occur because of the degeneration of corpus luteum. Menstruation caused by withdrawal of oestrogen and progesterone.⁽¹⁴⁾

3.3 DYSMENORRHEA:

3.3.1 DEFINITION:

Dysmenorrhea is obtained from a Greek word, *Dys* refers to difficulty, *Menorrhoea* indicates blood flow during menses.⁽²⁾ Dysmenorrhea is a painful menstruation, the pain usually occurring just before or during the flow, but it may be also be present after the flow has ceased.⁽²⁴⁾

3.3.2 INTRODUCTION:

Dysmenorrhea is a severe cramping abdominal pain that happens just before or during menstruation; affecting 75% of all women. Sweating, headaches, nausea, vomiting, tachycardia, diarrhoea, as well as trembling are the other symptoms that

may be present. It is a significant cause to women's absenteeism from work, which lowers their productivity and quality of life.⁽¹⁸⁾

3.3.3 INCIDENCE:

One of the most widespread gynaecological complaints that women experience is dysmenorrhea, yet it is difficult to determine its exact occurrence. 10% of women endure incapacitating dysmenorrhea, but nearly 50% of all women experience it.⁽²⁾

3.3.4 PREVALENCE:

45 to 95% of women of reproductive age report having dysmenorrhea, which is a relatively frequent problem.⁽²³⁾ Women who have first-degree relatives who suffer from dysmenorrhea are more likely to experience it; those who have given birth or use birth control pills are less likely to experience it.⁽¹⁸⁾

3.3.5 CLASSIFICATION:

Dysmenorrhea is broadly categorized into two types:

- Primary or Spasmodic dysmenorrhea
- Secondary Congestive dysmenorrhea

Other types of dysmenorrhea include:

- Membranous dysmenorrhea
- Neuralgic dysmenorrhea
- Obstructive dysmenorrhea⁽¹⁹⁾

Spasmodic dysmenorrhea:

Once ovulatory cycles are established, menstruation begins to cause intermittent, cramping pain is known as spasmodic dysmenorrhea. There is no observable pelvic pathology. It is otherwise known as Primary/ Intrinsic/Essential/ Idiopathic/ Functional dysmenorrhea.⁽¹⁹⁾

Congestive dysmenorrhea:

This condition is also known as Secondary/ Extrinsic/ Organic type of dysmenorrhea. It is considered to be connected to a specific type of pelvic pathology. The common causes are endometriosis, adenomyosis, Pelvic Inflammatory disease, Intrauterine devices, uterine fibroids, polyps or cervical stenosis.

Membranous dysmenorrhea:

The cause may be unknown but it is thought that it may be due to hypersecretory endometrium thus leading to thick endometrium, thereafter it is shed as large fragments or casts. Young patients are typically affected, and the periods are often painful and colicky.⁽²⁾

Neuralgic dysmenorrhea:

Neuralgic dysmenorrhea is a condition that affects the weak and anaemic. This variant affects delicate girls of feeble constitution or in women of full habit who lead inactive lives, or those who are undernourished and overworked. The flow is sparse, the discomfort is paroxysmal.⁽¹⁹⁾

Obstructive dysmenorrhea:

The excessive flexure or inadequate size of the canal or route that results in pain and temporarily and partially retains the menses. This type is caused by polyps, cancer, fibroid, or other womb tumours that compress or distort the canal or otherwise prevent the menstrual fluid from leaving the body.⁽¹⁹⁾

3.3.6 ICD-10 CLASSIFICATION:

1. Primary Dysmenorrhea - N94.4
2. Secondary dysmenorrhea - N94.5
3. Dysmenorrhea, unspecified - N94.6 ⁽²⁵⁾

3.4 SPASMODIC DYSMENORRHEA:

3.4.1 INTRODUCTION:

Usually, spasmodic dysmenorrhea develops in the absence of apparent pelvic disease. Typically, it manifests within the first two years following menarche and is frequently familial, with a high possibility that the mother's perspective will have an impact on the daughter's reaction. The pain is often intense, cramping and is lower abdominal in nature. It is often associated with nausea, vomiting and diarrhoea. This condition significantly impedes social activities.⁽²¹⁾

3.4.2 PREVALENCE:

According to studies, the average age of those affected with spasmodic dysmenorrhea was 20.4 ± 2.0 years, while the average age of menarche was 12.3 ± 1.5 years. ^[26,27,30] with higher rates reported in adolescent population.⁽²⁸⁾ Major psychological distress is a side effect of this illness that may show up as anxiety or depression. Dysmenorrhea affects 40 to 70 percent of women of reproductive age physically, behaviorally, and psychologically.⁽¹⁾ Spasmodic dysmenorrhea may unfavorably affect the day-to-day activities and standard of living.⁽²⁹⁾

3.4.3 ETIOLOGY:

The following are some of the factors that contribute to the aetiology of spasmodic dysmenorrhea: This is shown in Figure 2.

Prostaglandins:

Progesterone and prostaglandins are produced by the secretory endometrium. $\text{PGF}_{2\alpha}$ is a strong vasoconstrictor that increases the contractility of the myometrium; PGE_2 makes nerve endings more sensitive; PGI_2 produces vasodilatation, which is reduced before menstruation, resulting in ischemia. $\text{PGF}_{2\alpha}$ and PGE_2 are substantially concentrated in menstruation fluid.⁽²⁾

Hormonal factors:

Progesterone is a crucial hormone in ovulatory cycles, where dysmenorrhea is frequently observed. The largest amount of prostaglandin production occurs during the shedding of endometrium, which coincides with the fall in oestrogen and progesterone before to menstruation.⁽¹⁾

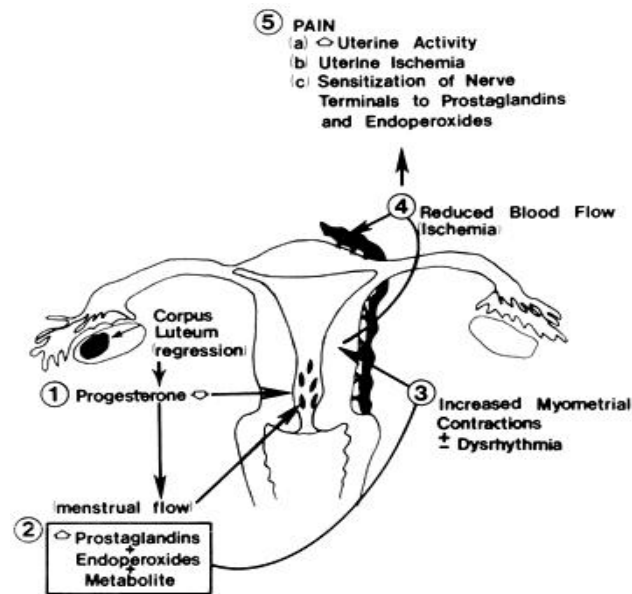


Figure. 2. Etiology of Spasmodic Dysmenorrhea

Myometrial contractility and ischemia:

Increased dysrhythmic, irregular, myometrial contractility at the time of menses puts a stretch on uterine nerve fibres causing pain. Reduction in the blood flow causes myometrial ischemia thereby leads to pain.⁽²⁾

Role of vasopressins and endothelins:

Vasopressins and endothelins are observed to be higher than those of control subjects on the first day of menstruation in patients with dysmenorrhea. Both are believed to promote the synthesis of prostaglandins.⁽²⁰⁾

Anatomical and functional factors:

Stenosis, Septate or bicornuate uterus causes uneven muscle contractions lead to pain. The internal os and isthmus circular fibres become hypertonic due to overactive sympathetic nerve control.⁽¹⁾

Psychological factors:

It is now believed that psychological factors do not actually cause pain; rather, they alter it or its intensity. Consequently, a significant, persistent pain can easily lead to depression in any woman, especially if it affects efficiency. Hence girls with lower pain thresholds can become totally incapacitated, in contrast to women with higher pain threshold.⁽²⁾

Other factors: Malnourishment, anaemia, obesity and alcohol consumption may predispose to dysmenorrhea.^[3,24]

3.4.4. RISK FACTORS:**Menstrual factors:**

A higher incidence of dysmenorrhea was linked to an earlier age of menarche, long, heavy menstrual periods.

Parity:

Incidence is reduced in women who are multiparous. After the first delivery, a decrease in the prevalence of primary dysmenorrhea was seen. It was also determined that the severity had decreased.⁽²⁾

Psychological:

Girls who are emotionally dependent and overprotected are more prone to experience dysmenorrhea. It is more likely that psychological factors affect pain-causing despair and anxiety than that they actually cause pain.⁽²⁾

3.4.5 PATHOGENESIS:

The following describes the pain pathway for dysmenorrhea. Uterine sympathetic fibres exiting through the posterior roots of T10, T11, L1 and cervix sympathetic fibres exiting through nerve roots of S2, S3 and S4. Thus, uterine pain is associated with the lower abdominal wall in front, groins, upper and medial thighs,

almost to the knees, and posteriorly to the sacral area and buttocks, whereas cervix-related pain is associated with the lower sacral areas and buttocks.⁽²⁾

3.4.6 CLINICAL FEATURES:

Spasmodic dysmenorrhea is predominantly confined to adolescent girls. This condition typically occurs within 2 years of menarche. History of dysmenorrhea will be present in her mother or sister. Predominant symptom is pain that starts a few hours or just as menstruation starts. Pain persists for a some hours, sometimes for a full day, but never for longer than 48 hours. Nature of pain is spasmodic, more over lower abdomen even radiates to dorsal region and middle part of thighs. Other manifestations include tiredness, nausea, diarrhoea, vomiting, headache, pallor, perspiration as well as occasional fainting. No abnormal findings are found during an examination of the abdomen or pelvis.⁽¹⁾

3.4.7 INVESTIGATIONS:

Eventhough Ultrasound is very useful for diagnosing any pelvic abnormalities to exclude the other possible causes of dysmenorrhea.⁽¹⁾

3.4.8 DIAGNOSIS:

Dysmenorrhea is diagnosed based on woman's clinical findings and health history. In young individuals who are not sexually active, a presumptive diagnosis of primary dysmenorrhea may be made based solely on the patient's medical history and abdominal examination; a vaginal examination is typically not necessary in this patient population. Medical histories of menstrual patients' impede with daily activities.⁽¹⁾

3.4.9 TREATMENT:

General measures:

- *Improvement in nutritional state and dietary changes:* Diet include soyabeans, chickpeas, fruits, eggs, fish, bananas and dark chocolates may somewhat reduce the discomfort of dysmenorrhea.

- *Regular exercise:* Different remedial exercises such as floor polishing movements, bending, twisting, swaying, rowing movements carried out for at least 15 minutes each day, both before and after the periods.
- *Palliative measures like hot baths:* Helps to relieve pain by boosting blood flow
- *Psychotherapy and Reassurance:* A thorough investigation of the patient's family history, personality, home environment, and her attitude toward dysmenorrhea must be conducted before the treatment. Hence the patient may receive the necessary counselling. She has to be informed that it is a symptom that can be treated.
- *Alternative therapies like Acupressure, Acupuncture, Yoga:* They frequently show to be beneficial, especially in women with strong psychological factors and those with strong beliefs in alternative treatments.⁽²⁾

Specific measures:

- *Medical Management:* Oral contraceptive pills of the combined variety, Intrauterine device, Non-Steroidal Anti-inflammatory drugs or Prostaglandin synthetase inhibitors is being advocated for the treatment of dysmenorrhea.
- *Surgical Management:* Conservative surgeries such as dilatation of the cervix in cases of cervical stenosis is extremely beneficial. Radical surgeries such as prelumbar sympathectomy, can be done depending upon the severity of dysmenorrhea.⁽²⁾

3.5 CONSTITUTIONAL APPROACH:

According to Hippocrates, homoeopathy is a form of individual vitalism known as *Natura Medicatrix*. Every person has a distinct nature. There is no way to alter nature. It has been the same for the person's entire life and will remain the same. When someone is ill, it's important to understand them as a whole person as well as from their anatomical, physiological, and mental aspects. Therefore, it's crucial to comprehend the individual when they become ill from the perspectives of their personality and constitution.⁽³⁷⁾

3.5.1 DEFINITION:

The Latin term "constituere," which means to build, set up, make up, or establish, is the source of the word "Constitution." There is no proper definition for constitution. But Professor E.Minkowski states that the Constitution may be defined as 'The ensemble characters of the individual performed from the very beginning of the biological existence and transmutable as much hereditarily'.⁽³⁷⁾

3.5.2 EVOLUTION OF CONCEPT OF CONSTITUTION:

Hippocratic concept:

In his 'Natura Medicatrix', He says that each and every individual has his nature that cannot be changed. According to him, the concept of constitution rests on four humors are blood, phlegm, yellow bile, black bile.⁽³⁷⁾

Aristotlean concept:

He was the one who originally established physiognomy as a subfield of philosophy, medicine, and natural history. It is beneficial in order to group together that belongs to each type, he stated. Additionally, he discussed the distinctive symptoms of a person, illnesses, and humours.⁽³⁷⁾

Galenic concept:

Galen described human constitution as human types namely, Sanguine, Bilious, Phlegmatic and Nervous. ⁽³⁷⁾

Ayurvedic concept:

This concept is described the constitution according to the types: Vatha, Pitha and Kapa.⁽³⁹⁾

Chinese concept:

According to this concept, Constitution is classified into Yin and Yang. ⁽³⁹⁾

Hahnemannian concept of Constitution:

Dr.Hahnemann is influenced by the Hippocratic concept of Constitution i.e. four humors. He explained that constitution is mainly influenced by environmental factors & hereditary factors. It is polluted by three chronic miasms such as Psora, Syphilis and Sycosis. He mentioned about the Constitution in his aphorisms 5 and footnote of aphorism 78 in Organon of medicine and also mentioned this in chronic diseases.

In Aphorism 5, He described about “the ascertainable physical constitution of the patient(especially if the illness is chronic), moral and intellectual character, his occupation, mode of living , his social and domestic relations , his age, sexual function need to be considered in order to investigate the fundamental cause in chronic diseases.⁽³⁸⁾

In Aphorism 78 footnote, He explained about during the flourishing years of youth the disease has become disappeared, but in later years, after adverse events it surely appears even in more serious character due to disturbance in the vital principle.⁽³⁸⁾

Von grauvogl’s concept:

He classified the constitution into three groups – Hydrogenoid constitution, Oxygenoid constitution and carbo-nitrogenoid constitution.

Hydrogenoid constitution:

An excess of hydrogen in the blood and tissues, which leads to an excess of water, is what distinguishes this condition. They become irritated by moisture and humidity, making them susceptible to benign tissue growth, dropsy and anasarca. This condition resembles Hahnemann's sycosis.

Oxygenoid constitution:

An overabundance of oxygen buildup is a defining feature of this constitution. This produces an excessive breakdown of albuminous tissues, bones, nitrogenoids, and hydrocarbons, leading to tissue death. This resembles the syphilitic miasm described by Hahnemann.

Carbonitrogenoid constitution:

Induced by delayed nutrition, the symptoms are characterised by an increased amount of carbon as well as nitrogen or a deficiency in oxygen. As a result, the risk of illness and inadequate nutrition is increased. This condition resembles Hahnemann's psora.⁽⁴¹⁾

Leon vannier's concept:

He categorized the Human Constitution into Carbonic, Phosphoric and Fluoric Constitution mainly based on predominance of chemical elements.

Kretschmer's concept:

He described the constitution into different types such as Asthetic, Athletic and Pyknic Constitution, which is mainly based on morphological characteristics.⁽⁴⁰⁾

3.5.3 CONSTITUTION AND TEMPERAMENT:

The confusion really starts in the real significance of the terms Constitution and Temperament.

Constitution:

Constitution is an individual trait brought on by particular or more or less contingent, which realizes in each case the fusion of the germinative cells, may very well remain limited to the individual. Hence Constitution is what we called Homeostatic vital interior.

Temperament:

It is an ensemble of a person's potentialities in the physical, psychological, biological, and dynamic domains. The possibilities exist from the birth of the individual and their development which characterizes the becoming of the individual. Hence it is dynamic.⁽³⁷⁾

3.5.4 STALWARTS OUTLOOK ON CONSTITUTION AND TEMPERAMENT:

H.A. Robert's perspective:

H.A. Roberts outlined four categories of classical temperament are:

1. Nervous temperament
2. Bilious temperament
3. Sanguine temperament.
4. Phlegmatic temperament.⁽⁴⁴⁾

Stuart Close's perspective:

He defined Constitution as, 'It is the aggregate of the hereditary characters influenced more or less by the environment which determines the individual's reaction, successful or unsuccessful to the stress of environment'.⁽⁴²⁾

Dr.J.T.kent's perspective:

He claims that there are no fixed forms of constitution in his lesser writings. Constitution differ based on combination of both general as well as characteristic symptoms of sick individual. Since they affect patient as a whole, general symptoms are the most important ones.⁽⁴³⁾

Dr. Dhawale's viewpoint:

He says 'Understanding a human person and what ails him will always be the most difficult task facing the physician. As opposed to group characteristics that helps us to identify the clinical sickness, we now know that the remedy will be found through the individual characteristics of the person'.

Dr.J.H.Clarke's view:

In Constitutional medicine, he says that "Many times, specific symptoms are more significant than the symptoms they characterise since they arise from the patient's constitution rather than the disease form from which he is suffering".⁽⁴¹⁾

3.6 CONSTITUTION AND DIATHESIS:

The risk factors are typically the same as those that tend to induce spasmodicity in other areas: the neuralgic diathesis, whether inherited or acquired; hysteria, which is more a symptom of the nerve disorder than a root cause; Chlorosis, plethora, malaria, gouty or rheumatic diathesis, onanism, opulent and exhausting lifestyle, excessive sexual indulgence, or unfulfilled sexual desire.⁽²⁴⁾

3.7 CONSTITUTIONAL MEDICINES:

Sulphur:

It is adapted to slim, hunched-shouldered people who sit and stand with a hunch. Persons of scrofulous diathesis; nervous temperament, quick tempered, plethoric. Very red lips and face, flushing easily. It is suited to persons who drinks much, eats little; craves sweets, intolerance of milk; heat sensation all over body, dry and hard hair and skin. Menses too early, short, scanty and difficult. Menses preceded by headache or suddenly stopped.^[32,33,35]

Calcarea carbonica:

Suitable to leuco-phlegmatic constitution, scrofulous diathesis, blonde hair, pale complexion, blue eyes, fair skin; propensity for early obesity. Sweat pronounced on nape of neck and head. Has difficult and delayed dentition. Calcarea carbonica are very susceptible to cold, craves egg, intolerance of milk. swelling of breasts before menses. Cutting pain in uterus during menstruation.^[32,33,36]

Natrum muriaticum:

This remedy is suited for anemic and cathetic persons either from loss of vital fluids or mental affections. Adapted to tall, lean, dark complexioned persons of scrofulous diathesis with great liability to take cold. Has deep crack in the centre of lower lip, oily, shining face.. Violent thirst; Craves salt, sour foods, milk. Delayed menses in young girls. Menses irregular, usually profuse. Feels hot during menses.^[32,33,35,36]

Pulsatilla nigricans:

This is adapted to girls who are fleshy, affectionate, mild, gentle, timid, weeps easily. Suited to persons who are fair, lean; phlegmatic temperament. Patient seeks open air and feels better, though she is chilly. Thirstless, averse to fats. Girls with delayed first menses; derangement at puberty. During menses becomes gloomy and morose. Menses too late, scanty, thick, dark, clotted, changeable.^[33,34,36]

Sepia officinalis:

Adapted to women who are tall, lean, with narrow pelvis almost masculine hips; chilly, takes cold easily when weather changes. Dirty, yellow, brown, mottled skin. Obstinate, indifferent, extremely irritable. Persons of scrofulous diathesis, carves pickles; averse to milk comes under this remedy. Menses delayed, irregular, minimal flow; early and copious; sharp and throbbing pains. Strong stitches that extend from uterus to the umbilicus in the vagina.^[32,33,34,36]

Nuxvomica:

Suited to patients who have a sanguine or bilious disposition, are lean, spare, fast, lively, tense, and irritable. Disposed to arguments, resentment, malice, melancholy, hypersensitivity, and overreaction.. Nux patients are susceptible to cold; stay out of the open air. Nux's activity is inconsistent and spasmodic, appearing to be out of tune constantly. Menstruation begins too early and lasts too long; it is always irregular and accompanied by fainting spells. Dysmenorrhea accompanied by sacral pain and a persistent urge to urinate.^[32,33]

3.8 RELATIONSHIP OF CONSTITUTION WITH SPASMODIC DYSMENORRHEA:

Primary dysmenorrhea is by far the most prevalent and challenging form to successfully treat. The subtlety and complexity of the disease, as well as the fact that patients are typically young and inadequately accustomed, both physically and psychologically, to the procedures needed for efficient diagnosis and therapy, all contribute to this.⁽⁵²⁾

Pain itself may not always be the best indicator of a person's level of incapacitation; Constitutional symptoms like nausea and/or vomiting can be. Similar to this, it is important to consider how emotional stress can make menstrual discomfort worse. There will also be the predominance of constitutional factors in the individuals having dysmenorrhea which differs each other.⁽⁵³⁾

Constitutional factors possess high incidence of dysmenorrhea which is linked to disorders that cause general debilitation, such as anaemia, extreme tiredness, tuberculosis, diabetes, and other chronic conditions. This is most likely due to an exaggeration of psychogenic elements linked to a general decline in stamina.⁽⁵⁰⁾

Physical factors such as poor posture likely brought on pelvic venous congestion which includes pronounced lumbar lordosis and thoracic kyphosis, flattening of the abdomen, and enteroptosis. As a result, dysmenorrhea develops. Psychosexual excitation, coitus interruptus, constipation, sedentary lifestyle, being exposed to cold are the possible explanations for some cases of dysmenorrhea.⁽⁵⁴⁾

Individual's predisposition, psychological stress, and other environmental factors greatly have an impact on the symptomatology of dysmenorrhea. Dysmenorrheic patients are typically slender, neurotic, obsessive, and egotistical. Psychological testing has revealed that some people are more hostile and angry. Reassurance and sensitivity to the needs of patient may frequently be as important as in treatment.⁽⁵⁰⁾

Some authors reviewed that Primary dysmenorrhea is highly common in women who have constitutional deficiencies, such as thin, slender, anaemic, and asthenic females.⁽⁵¹⁾ The neuralgic(spasmodic) dysmenorrhea depending upon the presence of neurotic constitution, the nervous system in general and the uterine nerves in particular producing the neuralgic type of pain over the affected region⁽¹²⁾.

3.9 PREVIOUS STUDIES IN SPASMODIC DYSMENORRHEA:

3.9.1 A Qualitative study on the effect of the Homoeopathic similimum in the treatment of Primary Dysmenorrhea:

The researcher took a holistic approach in selecting the similimum, a homoeopathic cure, for each participant based on their distinct physical, emotional, and mental symptoms. Participants responded to four questionnaires, rating on a scale of 0 to 10 the severity of each of the seven potential symptoms that could occur soon before and during menstruation. The outcomes were used to assess how the similimum affected the intensity of discomfort during menstruation and whether allopathic painkillers were required for dysmenorrhea. This study aimed to assess how the homoeopathic similimum affected ten participants with primary dysmenorrhea. The findings of the study demonstrated that the homoeopathic similimum significantly decreased the intensity and duration of pain as well as other primary dysmenorrhea-related symptoms. Additionally, there was a significant decrease in the requirement for allopathic painkillers. ⁽⁴⁵⁾

3.9.2 The Efficacy of the Homoeopathic similimum in the treatment of symptoms of Primary Dysmenorrhea in the black females:

The homoeopathic similimum was significantly effective in reducing menstrual pain, nausea, constipation, irritability, fatigue and mood swings. This improvement was statistically significant after three months, with no significant improvement observed during first month of treatment. The similimum remedy was prescribed for each participant based on totality of their symptoms. Most of the participants experienced an improvement in primary dysmenorrhea and associated symptoms without any observed or mentioned side effects. This demonstrates that homoeopathic medicines are not only beneficial in the treatment of primary dysmenorrhea and associated symptoms related to dysmenorrhea without bringing any unwanted effects. In conclusion, it was discovered that black females needed less allopathic pain medication and that the homoeopathic similimum was efficient in

treating primary dysmenorrhea and its accompanying symptoms without any negative side effects.⁽⁴⁶⁾

3.9.3 Body Constitution and Dysmenorrhea: A Study on University Students in Malaysia:

In this study, a survey was conducted to examine the correlation between the Chinese medicine body constitution and the occurrence of dysmenorrhea in female students. On 201 female students, a cross-sectional descriptive study was undertaken. The data were gathered using questionnaires. According to the result analysis, 80% of the respondents had dysmenorrhea, and 79.6% had biased constitutions. Qi deficiency, qi stagnation, and yin deficiency constitutions were the top three biased constitutions in the dysmenorrhea group. This investigation established the link between dysmenorrhea and the bodily constitution described in conventional Chinese medicine.⁽⁴⁷⁾

3.9.4 Homoeopathic treatment of patients with Dysmenorrhea – A prospective observational study with 2 years followup:

128 women (mean +/- SD age: 32.4 +/- 7.5 years) and 11 girls (mean +/- SD age: 13.7 +/- 4.0) were treated by 57 physicians. Dysmenorrhea affected women for 11.6 +/- 9.0 years (girls for 3.1 +/- 1.5). 7.5 +/- 6.5 (5.9 +/- 3.7) and homoeopathic remedies were given to those patients. At 24 months, dysmenorrhea was eased by > 50% of baseline rating in 46.1% (59) of the women and 45.5% (5) of the girls, with significant improvements in diagnoses and severity (24 months: Cohen's d from 1.18 to 2.93). Additionally, QoL increased (24 months: SF-36 physical component score: 0.25, mental component score 0.25, KINDL sum score 0.27). Dysmenorrheic patients responded better to homoeopathic treatment. Controlled studies should look into effectiveness.⁽⁴⁸⁾

3.9.5 Role of Homoeopathy in Primary Dysmenorrhea - A randomized controlled trial:

The study's objective was to determine the effectiveness of homoeopathic treatment for women with primary dysmenorrhea. The Sri Ganganagar Homoeopathic

Medical College Hospital and Research Institute in Sri Ganganagar, Rajasthan, served as the site of this single-blind, randomised, placebo-controlled trial. The evaluation was done before and after therapy using the Visual Analogue Scale (VAS) of pain as an end measure (after 6 Month). Homoeopathy Group median pain VAS score 2.0 (IQR 1.0 to 1.5) vs. placebo group median pain VAS score 4.0 (IQR 3.0 to 5.0), $P=0.001$ i.e. $P < 0.05$. In compared to a placebo, this study demonstrates a significant effect of homoeopathy in primary dysmenorrhea. Whenever homoeopathic treatment is used to treat a patient's whole range of symptoms.⁽⁴⁹⁾

**MATERIALS
AND METHODS**

4. MATERIALS AND METHODS:

4.1. STUDY SETTING:

In this study, a sample of 30 cases drawn from patients with spasmodic dysmenorrhea who visited Sarada Krishna Homoeopathic Medical College and Hospital's OPD, IPD, Rural clinics, and School Health Awareness Programmes for homoeopathic treatment were purposefully allocated.

4.2. SELECTION OF SAMPLES:

Sample size – 30 cases.

Sampling method – Purposive Sampling.

4.2.1. METHODOLOGY:

30 cases of spasmodic dysmenorrhea patients from the OPD, IPD, Rural Centers, and School Health Awareness Programs of Sarada Krishna Homoeopathic Medical College Hospital were selected purposively. The Sarada Krishna Homoeopathic Medical College Hospital's standardised and pre-structured case format was used to elicit the case information. The case was then examined, and the totality was constructed. The symptoms were assessed following an analysis of the patient's constitution and totality of symptoms. Then the case was repertorised and a well-selected homoeopathic remedy was prescribed. Choosing potency and repeating the doses were determined by homoeopathic philosophy. Evaluation was done in the subsequent followup and the changes were recorded in every 1-2 months. Improvement was assessed by using WaLIDD score for spasmodic dysmenorrhea.

4.3. INCLUSION CRITERIA:

- Age group between 12 – 30 years.
- Patients having no pelvic pathology.
- Patients having symptomatology of spasmodic dysmenorrhea.

4.4. EXCLUSION CRITERIA:

- Age ranges below 12 and above 30 years excluded.
- Cases where surgical treatment becomes necessary.
- Spasmodic dysmenorrhea accompanied by any systemic and chronic illness that is being actively treated.
- Patients under allopathic medication for spasmodic dysmenorrhea and other diseases.

4.5. DIAGNOSTIC CRITERIA:

- Complaint begins soon after menarche.
- Lower abdominal or pelvic pain that lasts between 8 and 12 hours usually coincides with the start of menstruation.
- Associated symptoms like back pain, pain over thighs, headache, diarrhea, vomiting, weakness of body.
- On examination, there is no abdomino - pelvic findings.

4.6. STUDY DESIGN:

- A clinical study was conducted to comprehend the homoeopathic treatment of spasmodic dysmenorrhea based on constitution of patients.
- The study was conducted at Sarada Krishna Homoeopathic Medical College's OPD, IPD, Rural Centers, and School Health Awareness Programmes.
- Data had been collected through case taking based on prestructured case format.
- The prescription was rested on constitution of the patient.
- Systematic recording of manifestations from patients had been assessed in the subsequent follow up in every 1 - 2 months.
- Clinical study – Informal before and after study without control.

4.7. INTERVENTION:

- Detailed case taking had been done for Repertorisation (if needed) to arrive at a similimum on account of constitution.

- Pre treatment and Post treatment evaluation used rating score for spasmodic dysmenorrhea from WaLIDD Score
- Intervention of the study had been based on disappearance in symptoms in patient before and after Homoeopathic Management.
- Duration of intervention: 1-2 months

4.8. SELECTION OF TOOLS:

- Pre- structured case format of Sarada Krishna Homoeopathic Medical College & Hospital.
- WaLIDD Score – Working ability, Location, Intensity, Days of pain Dysmenorrhea Score to assess the level of pain.
- Repertory

4.9. BRIEF OF PROCEDURE:

- Purposive sampling was used to choose the 30 cases. A pre-structured case record format had been used for detailed case taking and problem recording. Based on diagnostic standards, a diagnosis was made. The cases were then examined and totality was constructed in accordance with the patient's constitution. On the basis of Materia Medica, an appropriate homoeopathic medication is chosen after erected totality and repertorization (if necessary).
- Choosing potency and repeating the doses were founded on Homoeopathic philosophy. Assessments had been performed during successive follow-ups and the patients' modifications were noted.
- Post-test assessment had been done at minimum of 6 months. Paired "t" test was used in the statistical analysis of hypothesis testing.

4.10. EVALUATION OF RESULT:

Improvement of pain of spasmodic dysmenorrhea was validated by using WaLIDD score. The outcome assessment had been done based on clinical improvement- reduction in the intensity of symptoms of spasmodic dysmenorrhea. Improvement in general health and reduction in frequency of appearance of symptoms.

4.11. DATA COLLECTION:

Using observation and interviewing methods (Studying the case, Physical Examination, Clinical Investigation done if needed). Cases were recorded using pre-structured framework.

4.12. STATISTICAL TECHNIQUES AND DATA ANALYSIS:

Assessments were conducted both before and after the test. The paired "t" test was used to analyse the hypothesis. Tables, charts, and graphs had been used to represent data display.

**OBSERVATION
AND RESULTS**

5. 1 OBSERVATION AND RESULTS

5.1.1 DISTRIBUTION ACCORDING TO APPEARANCE AND/OR BUILT

APPEARANCE AND/OR BUILT	NUMBER OF CASES	PERCENTAGE
Tall	8	26.67%
Lean	14	46.67%
Short	5	16.67%
Obese	3	10%

TABLE 1

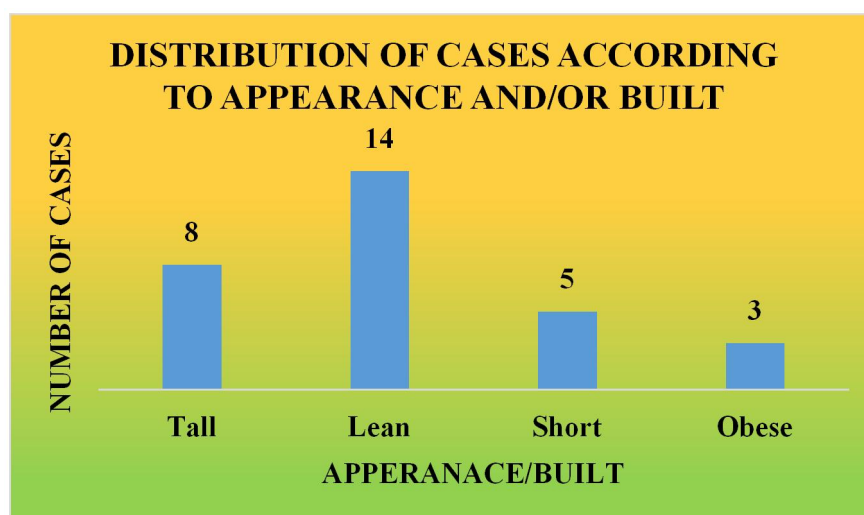


CHART 1

FINDINGS:

According to this study, 14 cases (46.67 %) fall under the category lean, 8 cases (26.67%) are tall persons, 5 cases (16.67%) are short individuals, 3 cases (10%) are obese.

5.1.2 DISTRIBUTION IN RELATION TO COMPLEXION

COMPLEXION	NUMBER OF PARTICIPANTS	PROPORTION
Dark complexion	15	50%
Fair complexion	15	50%

TABLE 2

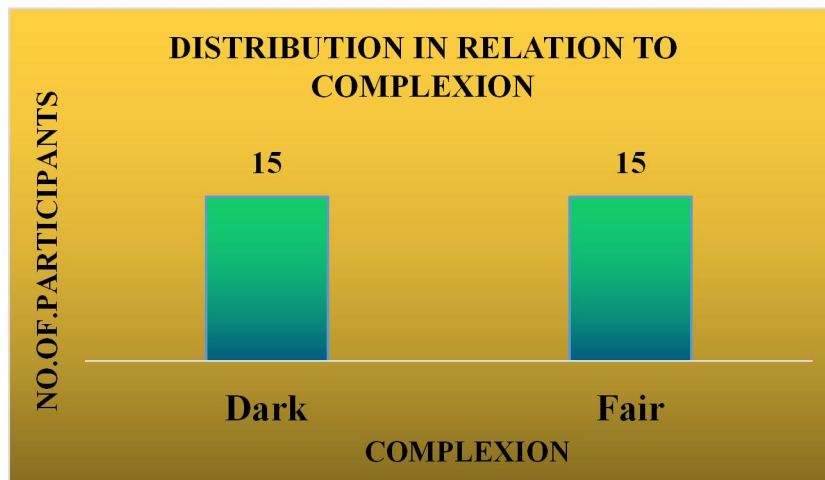


CHART 2

FINDINGS:

According to this study, 15 cases (50%) has Dark complexion, 15 cases (50%) has Fair complexion.

5.1.3 DISTRIBUTION ACCORDING TO DESIRES/AVERSIONS/INTOLERANCES BASED ON CONSTITUTION

DESIRES/AVERSIONS/INTOLERANCES	NUMBER OF CASES	PERCENTAGE
DESIRES	25	83.33%
INTOLERANCES	3	10%
AVERSIONS	2	6.67%

TABLE 3

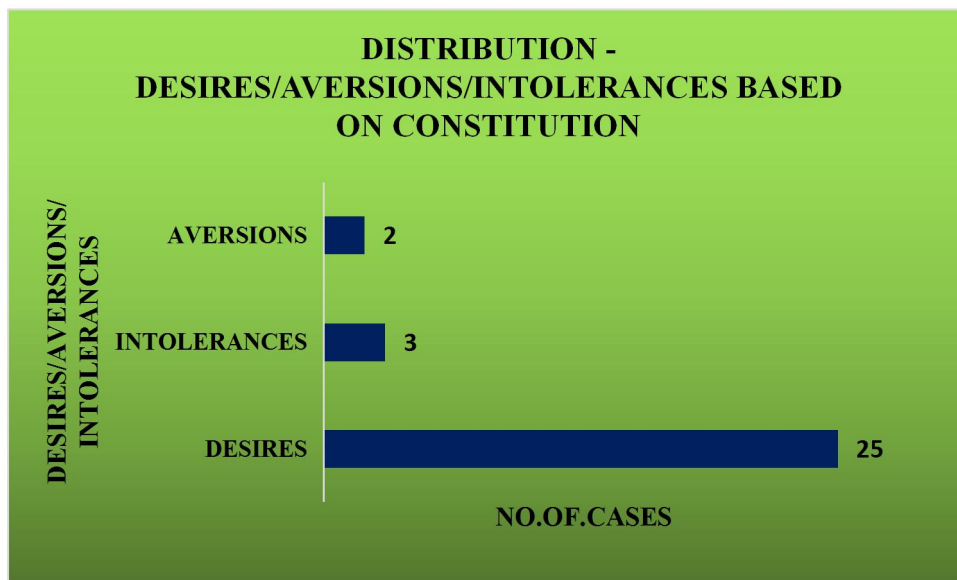


CHART 3

FINDINGS:

On scrutinizing the desires, aversions, intolerances based on Constitution in the patients suffered from spasmodic dysmeorrhoea, it was found that 25 cases (83.33%) have desires in foods, 3 cases (10%) have intolerance to some specific foods, 2 cases (6.67%) have aversions in foods.

5.1.3.1 DISTRIBUTION ACCORDING TO DESIRES BASED ON CONSTITUTION

DESIRES	NUMBER OF CASES	PERCENTAGE
Desires sweets	9	36%
Desires sour	6	24%
Desires spicy	4	16%
Desires fat, farinaceous foods	3	12%
Desires Milk	2	8%
Desires eggs	1	4%
Desires cold foods	1	4%

TABLE 3.1

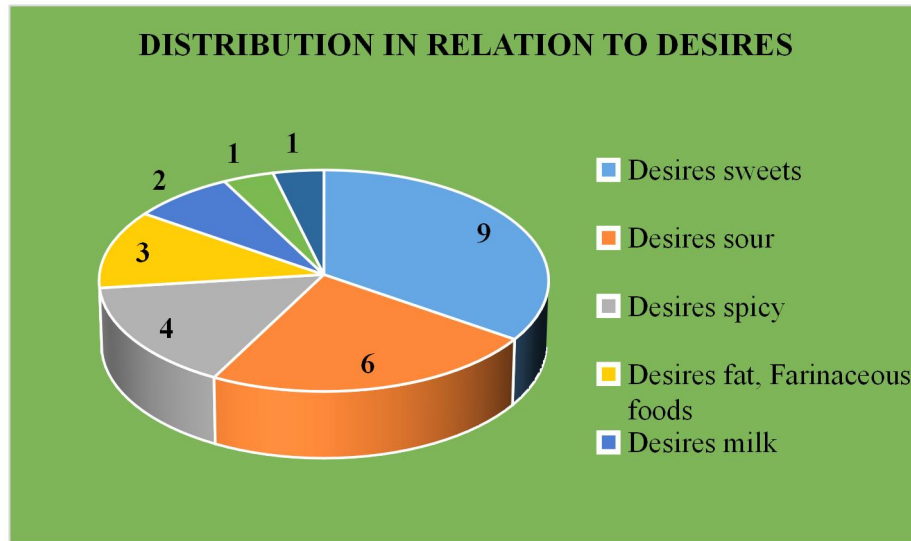


CHART 3.1

FINDINGS:

On analyzing 30 cases, compared with desires, aversions and intolerances according to constitution, the patients have more desires (25 cases) .In these desires of patients suffered with spasmodic dysmenorrhea, 9 cases (36%) have desires for sweets, 6 cases (24%) have desires for sour foods, 4 cases (16%) have desires spicy, 3 cases (12%) have desires for fat, farinaceous foods, 2 cases (8%) have desires for milk. Other two cases have desires for eggs and cold foods respectively.

5.1.4 DISTRIBUTION OF PARTICIPANTS BASED ON CONSTITUTION

CONSTITUTION	NUMBER OF PARTICIPANTS	PROPORTION
Carbonitrogenoid constitution	19	63%
Hydrogenoid constitution	8	27%
Oxygenoid constitution	3	10%

TABLE 4

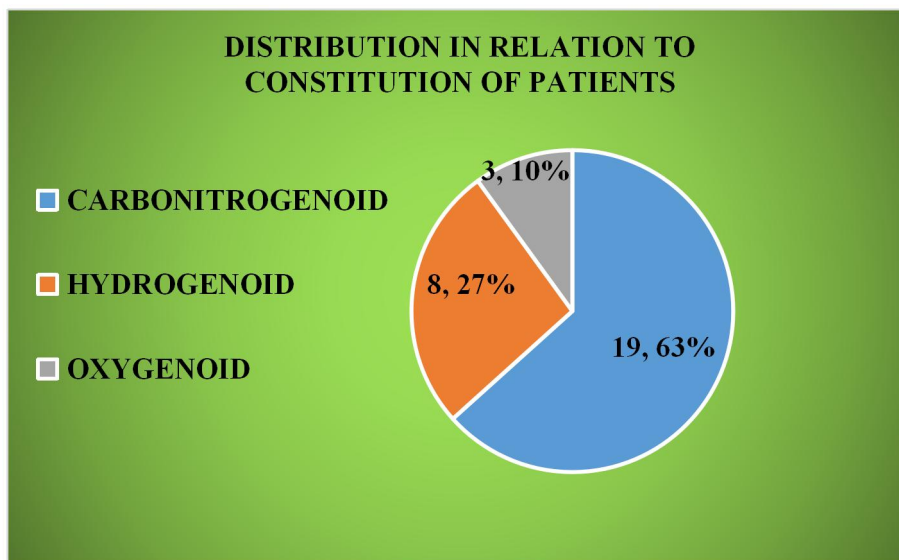


CHART 4

FINDINGS:

According to this study, Constitution of patients analysed as 19 cases (63%) were belonged to Cabonitrogenoid constitution, 8 cases (27%) were belonged to hydrogeoid constitution ad 3 cases (10%) were belonged to Oxygenoid constitution.

5.1.5 DISTRIBUTION OF PARTICPANTS BASED ON TEMPERAMENT

TEMPERAMENT	NUMBER OF PARTICPANTS	PROPORTION
Phlegmatic temperament	16	53.33%
Nervous temperament	12	40%
Sanguine temperament	1	3.33%
Choleric temperament	1	3.33%

TABLE 5

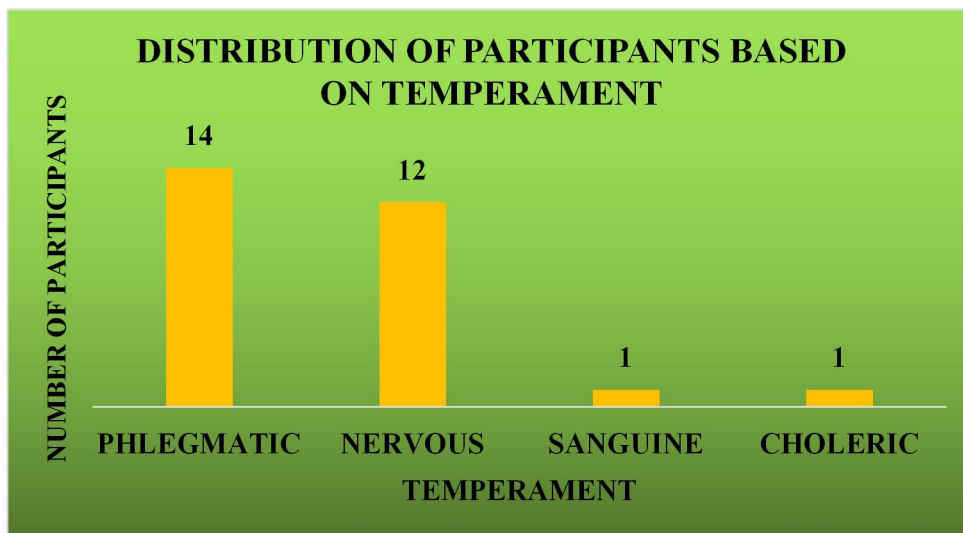


CHART 5

FINDINGS:

On analysing 30 cases, 16 cases (53.33%) were belonged to phlegmatic temperament and 12 cases (40%) were belonged to nervous temperament, 1 case (3.33%) were belonged to sanguine temperament and 1 case (3.33%) were belonged to choleric temperament

5.1.6 DISTRIBUTION OF PARTICIPANTS IN RELATION TO DIATHESIS

DIATHESIS	NUMBER OF PARTICIPANTS	PROPORTION
Tubercular diathesis	17	56.67%%
Lymphatic diathesis	9	30%
Rheumatic diathesis	3	10%
Dyscratic diathesis	1	3.33%

TABLE 6

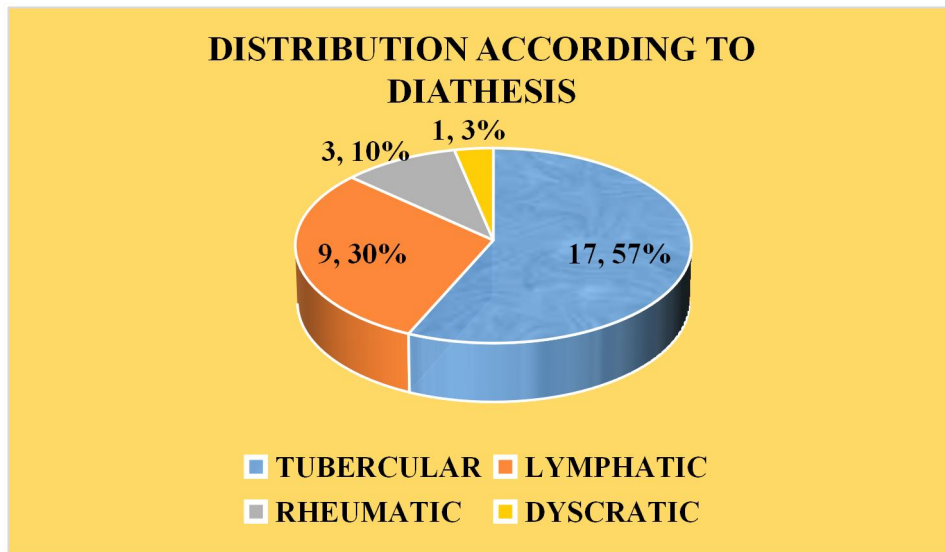


CHART 6

FINDINGS:

On analysing 30 patients, 17 cases (56.67%) have tubercular diathesis, 9 cases (30%) have lymphatic diathesis, 3 cases (10%) have rheumaic diathesis, 1 case (3.33%) belonged to dyscratic diathesis.

5.1.7 DISTRIBUTION IN RELATION TO TENDENCIES

TENDENCIES	NUMBER OF PARTICIPANTS	PROPORTION
Tendency to take Cold	14	46.67%
Tendency to become weak, exhaust	7	23.33%
Tendency to be Constipated	3	10%
Tendency to be irritated, tensed	3	10%
Tendency to become lean	1	3.33%
Tendency to have cramps	1	3.33%

TABLE 7

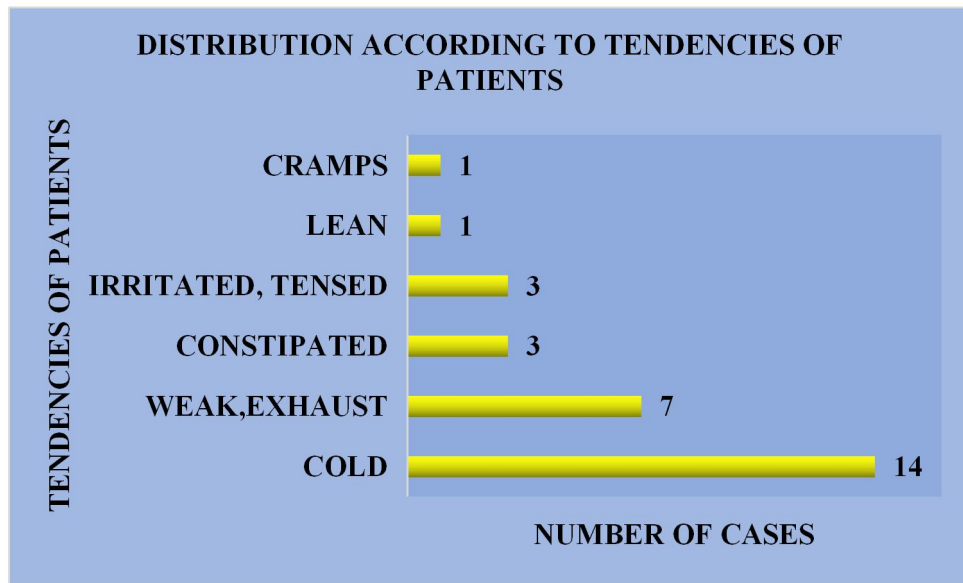


CHART 7

FINDINGS:

On scrutinizing 30 cases, 14 cases (46.67%) have the tendency to catch cold, 7 cases (23.33%) have the tendency to weak and exhaust, each 3 cases (10%) have the tendency to get constipated and irritated and tensed respectively. Each one cases have tendency to become lean and having cramps respectively.

5.1.8 DISTRIBUTION OF PARTICIPANTS BASED ON AGE GROUP

AGE GROUP	NUMBER OF PARTICIPANTS	PROPORTION
12 - 20	19	63.33%
21 - 30	11	36.67%

TABLE 7

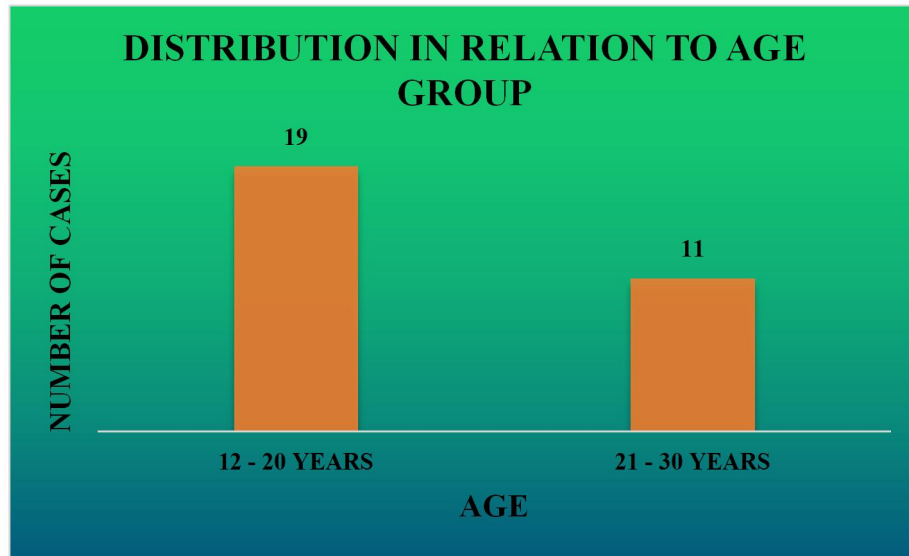


CHART 7

FINDINGS:

This study found that among 30 participants, 19 patients (63.33%) were between the ages of 12 and 20. The remaining 11 patients (or 36.67%) were in the 21–30 age range.

5.1.8 DISTRIBUTION OF PARTICIPANTS IN RELATION TO OCCUPATION

OCCUPATION	NUMBER OF PARTICIPANTS	PROPORTION
Student	21	70%
Housewife	8	27%
Self-employed	1	3%

TABLE 8

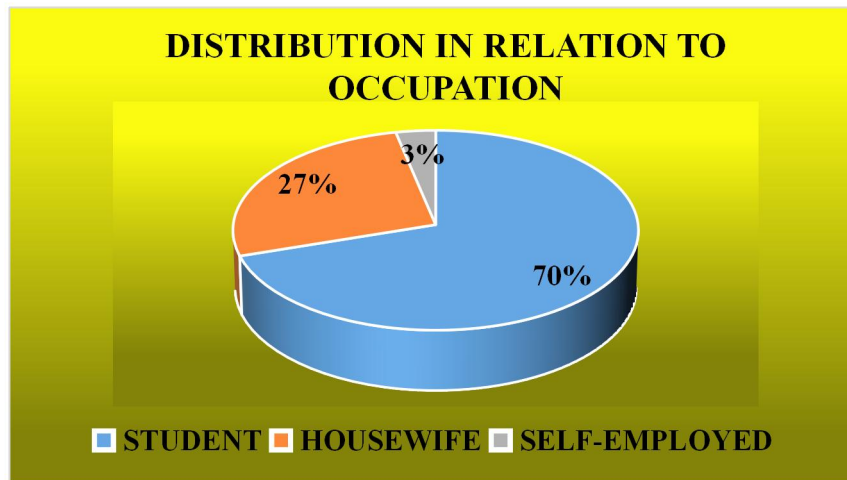


CHART 8

FINDINGS:

Among 30 cases, the distribution of cases related to occupation were students of about 21 cases (70%), 8 cases (27%) were housewives and 1 case (3%) was self-employed person.

5.1.9 DISTRIBUTION ACCORDING TO MARITAL STATUS

MARITAL STAUS	NUMBER OF PARTICIPANTS	PROPORTION
Single	22	73.33%
Married	8	26.67%

TABLE 9

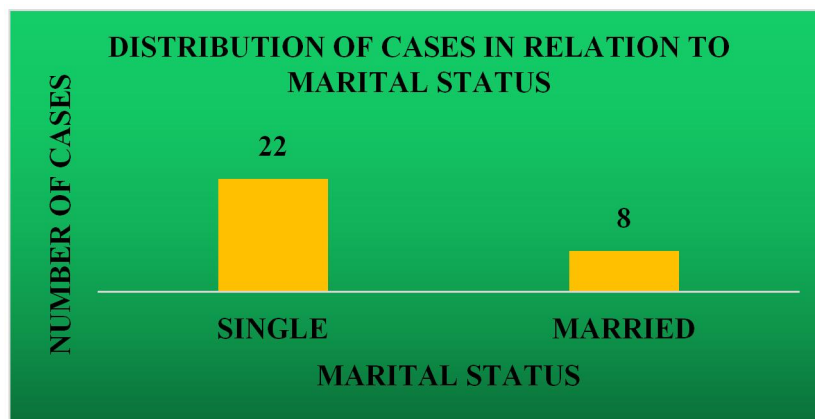


CHART 9

FINDINGS:

In this study, individuals who were single (22 cases - 73.33%) commonly affected compared to married women (8 cases - 26.67%)

5.1.10 DISTRIBUTION OF PARTICIPANTS IN RELATION TO FAMILY BACKGROUND

FAMILY BACKGROUND	NUMBER OF PARTICIPANTS	PROPORTION
Mother	15	50%
Elder sister	6	20%
Maternal grandmother	1	3.33%
No similar history	8	26.67%

TABLE 10

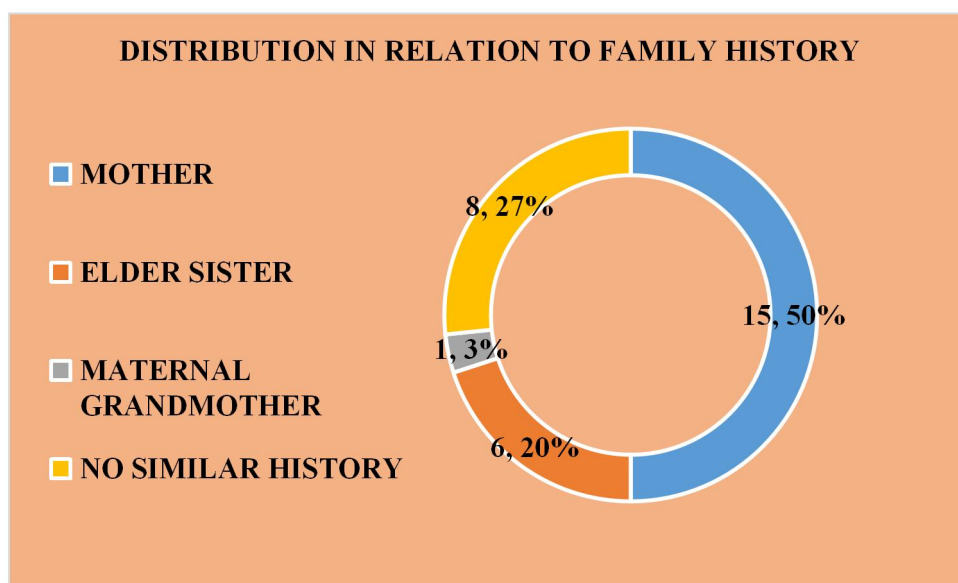


CHART 10

Findings:

According to this study, among 30 cases, the patients who suffered from spasmodic dysmenorrhea has similar family history in mother about 50% (15 cases), in elder sister about 20% (6 cases), in maternal grandmother about 3.33% (1 case), no similar family history of spasmodic dysmenorrhea in 6 cases (26.67%).

5.1.11 DISTRIBUTION ACCORDING TO MEDICINES PRESCRIBED

MEDICINES PRESCRIBED	NUMBER OF CASES	PERCENTAGE
Pulsatilla nigricans	8	26.67%
Calcarea carbonica	5	16.67%
Natrum muriaticum	5	16.67%
Sepia officinalis	4	13.33%
Nuxvomica	3	10%
Silicea terra	2	6.67%
Phosphorus	2	6.67%
Sulphur	1	3.33%

TABLE 11

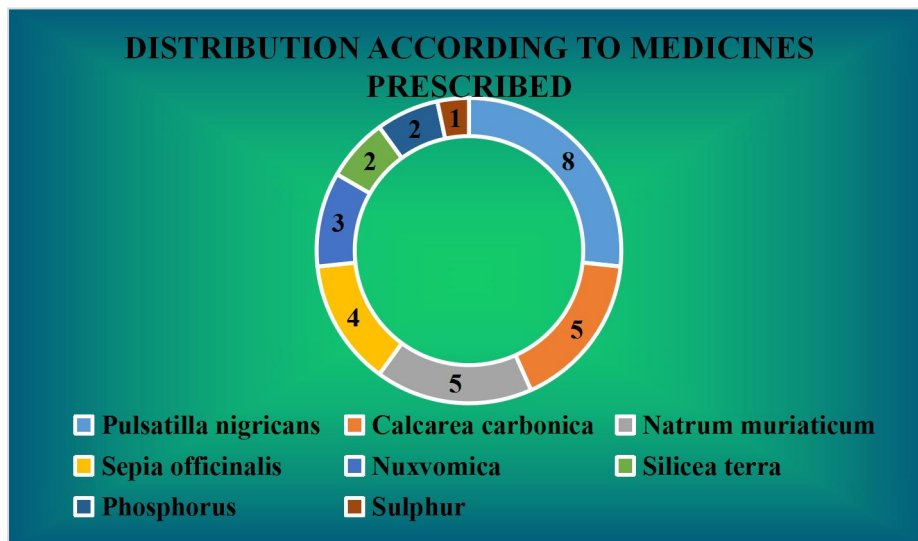


CHART 11

FINDINGS:

Among 30 participants in this study, 8 participants (26.67%) treated with Pulsatilla nigricans, 5 cases (16.67%) were treated with Calcarea carbonica, another 5 cases (16.67%) were treated with Natrum muriaticum, 4 cases (13.33%) were treated with Sepia officinalis, 3 cases (10%) were treated with Nuxvomica. Each of the two cases

were treated with Silicea terra (6.67%) and Phosphorus (6.67%) respectively. One case were treated with Sulphur (3.33%).

5.1.12 DISTRIBUTION ACCORDING TO POTENCY

POTENCY	NUMBER OF PARTICIPANTS	PERCENTAGE
200th Potency	27	90%
0/3 Potency	2	6.67%
0/1 Potency	1	3.33%

TABLE 12

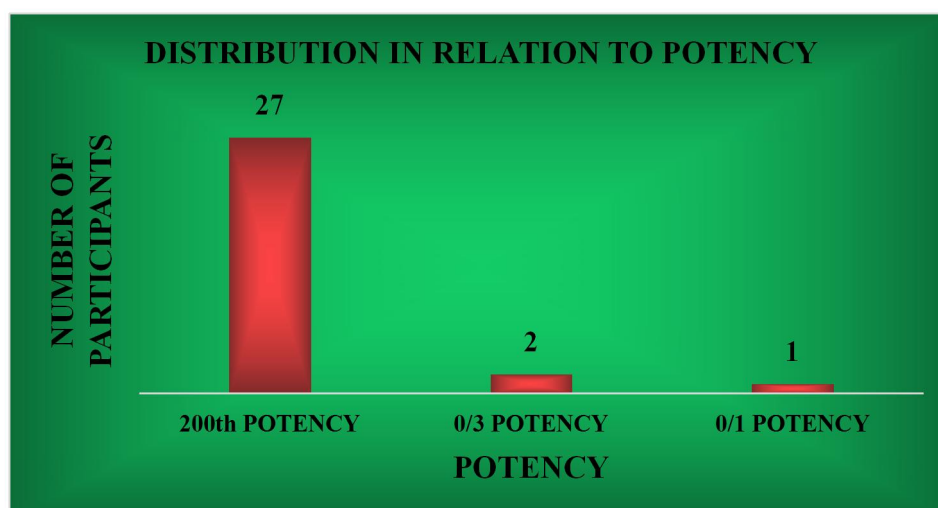


CHART 12

FINDINGS:

In this study, individuals with spasmodic dysmenorrhea were treated with various potencies, in which 200th potency is being frequently utilised to treat 27 cases(90%). 2 cases (6.67%) received 0/3 potency. And just one patient (3.33%) was given with 0/1 potency treatment.

5.1.13 COMPARISON OF SYMPTOM SCORE

CASE NO.	SYMPTOM SCORE BEFORE TREATMENT	SYMPTOM SCORE AFTER TREATMENT
1	9	5
2	9	6
3	9	4
4	9	4
5	9	4
6	10	4
7	9	3
8	10	4
9	10	4
10	9	5
11	10	5
12	11	4
13	10	4
14	11	4
15	11	4
16	11	3
17	10	4
18	10	5
19	10	4
20	9	5
21	9	3
22	10	4
23	10	4
24	11	4
25	9	5
26	11	4
27	10	4
28	11	4

29	11	4
30	9	5

TABLE 13

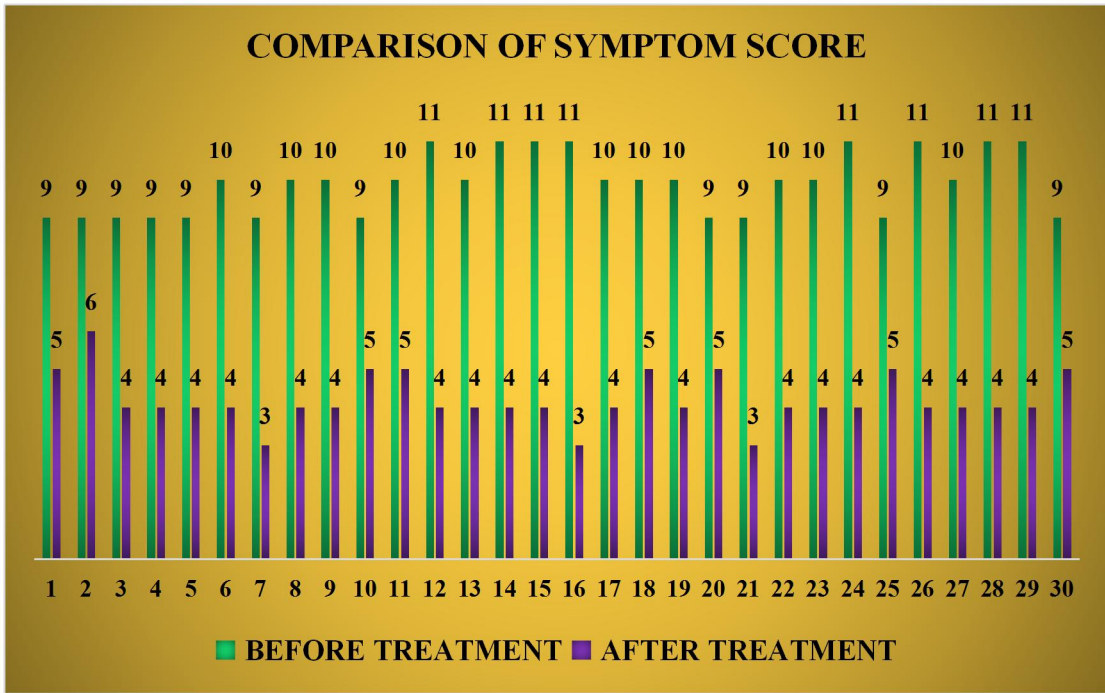


CHART 13

FINDINGS:

In this study the maximum score obtained according to the symptom scoring chart before treatment was 11 and after treatment it was found to be reduced up to 3.

5.1.14 DISTRIBUTION ACCORDING TO IMPROVEMENT OF CASES

IMPROVEMENT OF CASES	NUMBER OF PARTICIPANTS	PROPORTION
Marked	21	70%
Moderate	9	30%

TABLE 14

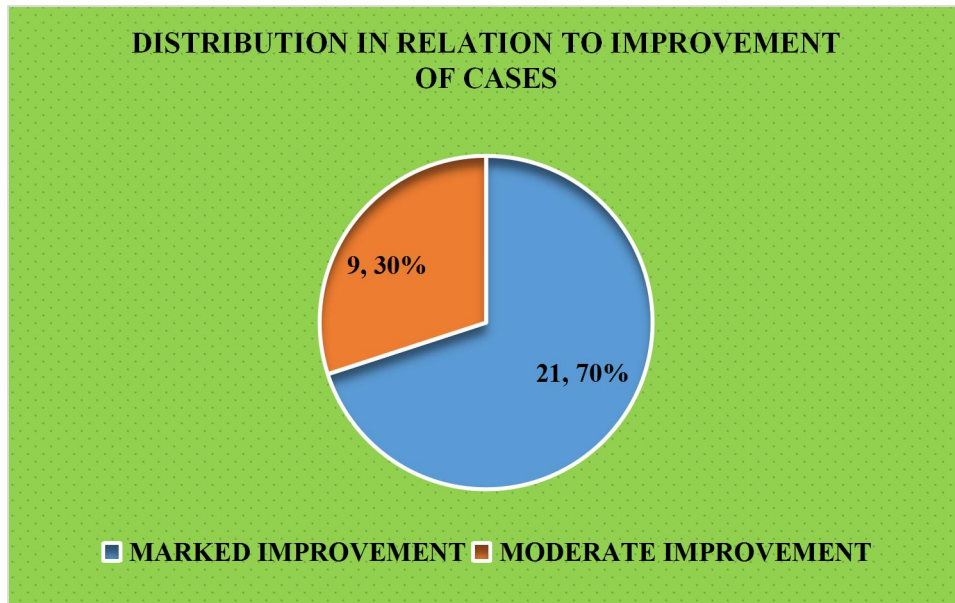


CHART 14

FINDINGS:

In this study of the treatment of Spasmodic dysmenorrhea, 21 Patients (70 %) had been shown marked improvement and 9 Patients (30 %) had been shown moderate improvement.

5.2 SUMMARY OF FINDINGS:

1. In this study, Related to appearance and built, Spasmodic dysmenorrhea affects more (46.67%) in lean individuals - 14 patients
2. On analysis the complexion of patients suffered with this condition, both dark and fair complexioned individuals suffered equally (50% - 50%) - each 25 cases
3. In this study, according to constitution individuals with Spasmodic dysmenorrhea have more desires (83.33%) - 25 cases, compared to intolerances (10%) and aversions (6.67%).
4. Interpreting desires of patients among 25 cases out of 30 cases, 36% have more desires for sweets and 24% desires sour foods - each 9 and 6 cases respectively.
5. On analysing 30 cases, Patients belonged to carbonitrogenoid constitution (63%) were commonly affected - 19 patients
6. On analysis, females belonged to phlegmatic temperament(53.33%) suffered more from spasmodic dysmenorrhea - 16 cases.
7. Females with tubercular diathesis (56.67%) were more suffered in this study - 17 cases.
8. According to this study, Patients whoever have tendency to catch cold (46.67%) suffered commonly from Spasmodic dysmenorrhea - 14 cases.
9. In this study, patient between the age group of 12 - 20 years (63.33%) suffered more - 19 patients
10. On analysing 30 cases, Students (70%) were mostly affected. -21 cases
11. Individuals who were single (73.33%) suffered more from Spasmodic dysmenorrhea - 22 cases
12. Females who have positive family history of spasmodic dysmenorrhea in mother (50%) affected more with this condition - 15 cases
13. On analysis, Pulsatilla nigricans (26.67% - 8 cases) was the most frequently used remedy. Calcarea carbonica and Natrum muriaticum was the second most (16.67 %) indicated remedies used - Each 5 cases.
14. In this study, the most (90%) frequently used potency was 200th potency - 27 patients.
15. In this study, the highest symptom score was 11 before treatment and very lowest symptom score was 3 after treatment.

16. 70% of Patients have shown marked improvement - 21 Patients and 30% have shown moderate improvement - 9 patients.
17. Since the test is statistically significant and the null hypothesis is rejected, because the computed p value, $p = 25.90$, is higher than the table values, 2.045 and 2.756 at 5% and 1% respectively.

5.3 STATISTICAL ANALYSIS:

A. Question to be answered:

Is there any difference between the score taken before and after the homoeopathic treatment in Spasmodic dysmenorrhea?

B. Null hypothesis:

Treatment is not effective as there is no difference between the score taken before and after the homoeopathic treatment in Spasmodic dysmenorrhea

C. Statistical tool used:

Paired t-test

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before_Treatment_Score	9.85	27	.770	.148
	After_Treatment_Score	4.19	27	.681	.131

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Before_Treatment_Score - After_Treatment_Score	5.667	1.177	.226	5.201	6.132	25.023	26	.000

D. Statistical Significance:

Since p value <0.05, it indicates that the test is statistically significant and hence the null hypothesis is rejected

Inference : Thus the treatment is effective and the patients has shown improvement in spasmodic dysmenorrhea with the help of constitutional medicine.

DISCUSSION

6. DISCUSSION:

The purpose of this study was to determine the effectiveness of constitutional medicine in management of patients with spasmodic dysmenorrhea. It was carried out at the OPD and IPD of Sarada Krishna Homoeopathic Medical College.

According to the inclusion criteria, 30 patients were chosen for the study. The comprehensive case was taken, the case was then examined, and the totality was created based on individual's constitution. Then the suitable medicine has been prescribed as per the guidance of Organon of Medicine and Materia medica. The cases were monitored for at least six months. For the assessment of effectiveness of intervention, before and after symptom outcome charts had been used and noted. Pre test and post test assessment had been done and "t" value was calculated and has been applied to study the significance.

Here the observations from the study done on 30 patients are discussed with the comparison of available literatures.

CONSTITUTION OF PATIENTS:

In this study, the management of patients with spasmodic dysmenorrhea based on Constitution had shown marked improvement on 21 cases, remaining 9 cases were moderately improved. So the selection of similar remedy according to Constitution-based totality were worked well by this result.

APPEARANCE AND/OR BUILT: On analysis of 30 cases, 14 patients (46.67 %) fall under the category lean, 8 cases (26.67%) are tall persons, 5 cases (16.67%) are short individuals, 3 cases (10%) are obese. This results are said to correlate with Nebahat's study⁽⁵⁵⁾, suggested that Spasmodic dysmenorrhea is more higher in lean persons compared to obese persons.

COMPLEXION: In this study, out of 30 cases, 15 cases (50%) were dark complexioned individuals, 15 cases (50%) were fair complexioned persons. Compared this study with Chen Z's study, we did not limit the complexioned

characteristics of individuals.⁽⁶³⁾ There was no predominance seen in the affection of complexion of individuals.

DESIRES/AVERSIONS/INTOLERANCES: In this study, regarding desires/aversions/ intolerances of patients, it was found that 25 cases (83.33%) have desires in foods, 3 cases (10%) have intolerance to some specific foods, 2 cases (6.67%) have aversions in foods. In desires, among 25 patients 9 patients (36%) have desire for sweets. This can correlate with Julie G's study that these patients have strong desire to consume sweets (P=0.003).⁽⁶⁵⁾

CONSTITUTION: According to this study, Constitution of patients analysed as 19 cases (63%) were belonged to Carbonitrogenoid constitution, 8 cases (27%) were belonged to hydrogeoid constitution and 3 cases (10%) were belonged to Oxygenoid constitution. In Glasgow's observation, this condition commonly affects the person who are lean, weak can correlate it with our study predominantly affected the persons of carbonitrogenoid constitution.⁽⁶²⁾

TEMPERAMENT: On analysing 30 cases of this study, 16 cases (53.33%) were belonged to phlegmatic temperament and 12 cases (40%) were belonged to nervous temperament, 1 case (3.33%) were belonged to sanguine temperament and 1 case (3.33%) were belonged to choleric temperament. This corresponds with Liwen Wang, Rajabzadeh F's study that explains the persons who are sedentary, lazy and tendency to have cold highly affected with this condition. This study also showed the predominance in phlegmatic individuals.^(56,64)

DIATHESIS: In this study, among 30 cases, 17 cases (56.67%) have tubercular diathesis, 9 cases (30%) have lymphatic diathesis, 3 cases (10%) have lymphatic diathesis, 3 cases (10%) have rheumatic diathesis, 1 case (3.33%) belonged to dyscratic diathesis. This can be consonant with Glasgow's observation that he mentioned that those who predispose to tubercular conditions and those diathesis highly prone to this condition.⁽⁶²⁾ This study also showed that it was common in individuals of tubercular diathesis.

TENDENCIES: On scrutinizing 30 cases, 14 cases (46.67%) have the tendency to catch cold, 7 cases (23.33%) have the tendency to weak and exhaust, each 3 cases (10%) have the tendency to get constipated and irritated and tensed respectively. Each one case has tendency to become lean and having cramps respectively. This can correlate with Liwen Wang's study that he described those dysmenorrheic females have the tendency to catch cold.⁽⁵⁶⁾ This study also determined the predominance in persons who have the tendency to cold.

AGE: Among 30 participants, 19 patients (63.33%) were belonged to the age group of 12 to 20 years. The remaining 11 patients (36.66%) were belonged to age group of 21 to 30 years. Vincenzo's study also revealed that spasmodic dysmenorrhea preponderance was high in young females below the age of 20.⁽⁵⁷⁾ This study also showed that 11-20 years of young females were highly affected.

OCCUPATION: Among 30 cases, the distribution of cases related to occupation were students of about 21 cases (70%), 8 cases (27%) were housewives and 1 case (3%) was self-employed person. This can correlate with Vincenzo's study mentioned that students (93%) who were commonly affected.⁽⁵⁷⁾ This study also confirmed that it was commonly affected with students.

MARITAL STATUS: In this study, out of 30 cases, individuals who were single (22 cases - 73.33%) commonly affected compared to married women (8 cases - 26.67%). Vincenzo's study and Arulkumaran S's observation explained that there was decrease in the prevalence of primary dysmenorrhea after the first delivery.^(2,57) This study also confirmed that prevalence less in married females compared to non-married individuals.

FAMILY HISTORY: According to this study, among 30 cases, the patients who suffered from spasmodic dysmenorrhea has similar family history in mother about 50% (15 cases), in elder sister about 20% (6 cases), in maternal grandmother about 3.33% (1 case), no similar family history of spasmodic dysmenorrhea in 6 cases (26.67%). This can correspond with Symond E's observation that there will be high

possibility that if mother is having similar history will have an impact on the daughter's reaction.⁽²¹⁾ This study confirmed that positive family history exists in spasmodic dysmenorrhea.

MEDICINE: Among 30 participants, 8 participants (26.67%) were treated with Pulsatilla nigricans, 5 cases (16.67%) were treated with Calcarea carbonica, another 5 cases (16.67%) were treated with Natrum muriaticum, 4 cases (13.33%) were treated with Sepia officinalis, 3 cases (10%) were treated with Nuxvomica. Each of the two cases were treated with Silicea terra (6.67%) and Phosphorus (6.67%) respectively. One case were treated with Sulphur (3.33%). This can correlate with Ghosh's study mentioned that Pulsatilla and Natrum muriaticum (n=20 each; 15.6%) were the effective medicines in this condition. This study confirmed those medicine's effectiveness.⁽⁵⁸⁾

POTENCY: In this study, individuals with spasmodic dysmenorrhea were treated with various potencies, in which 200th potency was frequently used to treat to 27 cases accounting to 90% of the total cases. 2 cases (6.67%) were treated with 0/3 potency. And only one patient (3.33%) treated with 0/1 potency. In Khan S, Ngoie's study mentioned that marked improvement has shown in medicines given in higher potencies, 200th potency was one among them for this condition.^(60,61)

INTENSITY SCORE: The maximum score obtained according to the symptom scoring chart before treatment was 11 and after treatment it was found to be reduced up to score 3 in this study. This can be correlated with Zainab S's study determined that decrease in the WaLIDD score was found to be significant($p < 0.0001$).⁽⁵⁹⁾ This study has also shown that there was reduction the WaLIDD score.

IMPROVEMENT OF CASES: In this study, 21 Patients (70 %) had been shown marked improvement and 9 Patients (30 %) had been shown moderate improvement. This can correspond with Zainab S's study determined that decrease in the WaLIDD score indicated marked improvement in the cases($p < 0.0001$).⁽⁵⁹⁾ This case has also shown marked improvement in treatment of the cases.

6.2 LIMITATIONS:

- There were few samples collected for the investigation. The conclusion can therefore be generalised, and the study's inferences must be made cautiously.
- Selection of the case is sternuous because of pain in lower abdomen lead to many diagnosis, so we can conclude the diagnosis with careful examination and history-taking.
- A lack of a control group was caused by the short sample size.
- Sometimes, crucial information may lack, so it also became one of the difficulty.
- There were no comparable studies in homoeopathy from which to compare or draw conclusions. Consequently, it is normal for human error to occur.

6.3 RECOMMENDATIONS:

- Larger sample sizes and spending more time for conducting the study would produce better findings.
- It would be more scientific if a control (placebo) group is maintained concurrently to confirm the efficacy of treatment.
- It is possible to utilise a universal standardised scale to evaluate the study's results precisely.
- This can be expanded upon to demonstrate scientific findings.

6.4 SUGGESTION FOR FUTURE RESEARCH:

- There are limited research studies regarding the family history of dysmenorrhea and constitutional factor of appearance, complexion, desires, aversions and intolerances. Hence these has to be explored and considered furthermore research.
- There are limited studies regarding the emotional nature, temperaments, diathesis of patients suffered from spasmodic dysmenorrhea. Hence these has to be considered furthermore research.
- Radiation of pain will be different in various individuals. Hence these has to be studied in future.

- Associated symptoms of spasmodic dysmenorrhea can be considered as an exclusive study for further research.
- As age at menarche, flow of menses were considered as a risk factors, these can do as a separate study for further research.

CONCLUSION

7. CONCLUSION:

The following conclusion was reached after statistical analysis of the study, which included a sample of 30 participants with spasmodic dysmenorrhea from the OPD, IPD, and Rural health facilities of Sarada Krishna Homoeopathic Medical College Hospital.

In this study, related to appearance and built, Spasmodic dysmenorrhea was found to be more prevalent in lean individuals (14 cases) of about 46.67%. Out of 30 cases, both dark and fair complexioned individuals suffered equally about 50%-50%. According to constitution of individuals, about 83.33%(25 cases) have desires in general. Among desires of patients, 36% (9cases) have more desires for sweets in this study.

On analysis of the study, it was verified that 63% of patients (19cases) belonged to Carbonitrogenoid constitution. About 53.33% (16 cases) of females having Spasmodic dysmenorrhea belonged to Phlegmatic temperament. Related to diathesis, about 56.67% (17 cases) of patients belonged to tubercular diathesis. 14 cases of females about 46.67% have the tendency to take cold.

The study indicated that people between the age group of 12 and 20 years had the highest prevalence of spasmodic dysmenorrhea (19 cases - 63.33%). Prevalence was more in students (70% -21cases). About 73.33% of females (22 cases) were single and they were the most commonly affected. Similar family of spasmodic dysmenorrhea in mother of about 50% (15 cases) more prone to have this condition in this study.

Pulsatilla nigricans was found to be the most indicated constitutional remedy in 8 cases(26.67%) with *Calcarea carbonica* and *Natrum muriaticum* (each 16.67% - each 5 cases respectively) second in the treatment of Spasmodic dysmenorrhea. Most frequently used potency in this study was 200th potency in 27 cases(90%).

On verifying the study, out of 30 cases, the highest symptom score was 11 before treatment and very lowest symptom score was 3 after treatment. In this study, the management of patients with Spasmodic dysmenorrhea based on Constitution had shown marked improvement on 21 cases (70%), remaining 9 cases (30%) were moderately improved. So the selection of similar remedy according to constitution based on the totality were worked well by this result.

SUMMARY

8. SUMMARY:

Painful menstruation known as spasmodic dysmenorrhea which lacks any obvious pelvic disease. According to estimates, 10% of women with spasmodic dysmenorrhea endure incapacitating symptoms, and about 50% of females suffered from dysmenorrhea in some capacity. The incidence is highly affected by age, occupation, marital status and positive family history. It is a significant factor in absenteeism from school and job, which has been studied in adolescents and young adults. When the remedy is given on a constitutional basis, it activates the body's natural healing processes. So in order to find out the effectiveness of Constitutional medicine in managing the cases of Spasmodic dysmenorrhea, this study was conducted.

This study has dealt with 30 cases of Spasmodic dysmenorrhea which was purposively selected. To comprehend the role of constitutional medicine in managing the cases, the cases were recorded, examined, and the totality was framed before the medicine was prescribed.

The outcome of this study verified the contribution of Constitutional factors and evaluated the pain of spasmodic dysmenorrhea through WaLIDD Score. It was identified as the condition was more affecting the lean individuals (46.67%-14 cases), both complexioned individuals affected (50%-50%), one who has more desires(83.33%-25 cases) especially for sweets (36%-9cases), occurred in Carbonitrogenoid constitution (63%-19cases), in phlegmatic temperament (53.33%-16cases) and in tubercular diathesis (56.67%-17cases). Patients have tendency to catch cold (46.67% - 14 cases) affected more, common in 12 - 20 years of age group (63.33% - 19cases), in students (70% - 21 cases), in unmarried females (73.33% - 22 cases), having positive family history in 15 cases (50%). Frequently treated with Pulsatilla nigricans(26.67% - 8 cases) and 200th potency is commonly used (90% - 27cases). There were marked improvement on 21 cases (70%), remaining 9 cases showed moderate improvement. This study demonstrated the considerable effectiveness of constitutional medicine in treating cases with spasmodic dysmenorrhea.

Further study has to be conducted in large study group. The results have to be presented before the medical world to prove that Homeopathy can bring down the burden of disease and improve the quality of life.

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ANNEXURE

APPENDIX I

GLOSSARY

1. Aggravation (Homoeopathic aggravation, symbolized by <): A situation in which the patient feels worse from or symptoms are increased by a remedy.
2. Amelioration: An improvement of the patient or decrease in symptoms.
3. Potentization (dynamization): The process of preparing a Homoeopathic remedy by repeated dilution with succussions (shaking).
4. Potency: The power, Vitality or dynamic which a Homoeopathic remedy possesses, often represented as a number attached to the remedy name, either immediately before or after.
5. Dose: Refers to the force of impact of the remedy. The homoeopathic dose means 'that particular preparation of the remedy employed', in particular the amount and or form of that preparation.
6. One Dose refers to one medicated globules in 1 grain of sugar of milk. The size of the globules differs upon the potency for example in LM potency 1 dose – poppy sized globules, for 30,200 potency no.30 sized globules.
7. Constitution : Constitution is the physical and mental make up of the person. This basic structure endowed with unique characteristics of the person is inherited and modified by the early environment.
8. Temperament: It is the physical/ mental character of the person determined by relative proportion of humor according to medieval physiology. Though it includes physical characters, the temperaments are mainly known by the mode of emotional responses.
9. Diathesis: It is a hereditary diposition or a tendency of the person towards a disease or a group of diseases. It is a mental or physical (inherited or acquired) chronic disposition or a disease state.
10. Placebo: An inert drug or substance given to satisfy patients, or as the control in a research study. From the Latin, I shall please.
11. LM potency: Hahnemann mentioned as new altered but perfected method, it has been said after a countless experiment he settled down for LM potency in order to repeat the medicine and to avoid aggravation. The potencies are 0/1, 0/2, 0/3.... 0/50.

APPENDIX II
CHRONIC CASE RECORD FORMAT
'Case Records Are Our Valuable Asset'
SARADA KRISHNA CONFIDENTIAL
HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL
KULASEKHARAM, KANNIYAKUMARI DIST, TAMIL NADU- 629 161

CHRONIC CASE RECORD

Date: Unit..... Regn. No.....

1. PERSONAL DATA

Name of Patient:.....

Age :..... yrs Sex : M/F/T Religion :.....

Nationality :.....

Name of Father / Spouse / Guardian / son / Daughter

Marital status : Single / Married . Widow (er) / Divorcee / Live-relation

Occupation :..... Income per capita :.....

Family size (members living together) :.....

Diet : Veg. / Non veg. / Mixed

Address :.....

.....

Phone (Office) Residence

Mobile e-mail

Referred to by:.....

FINAL DIAGNOSIS :

Homoeopathic	
Disease	

RESULT:	Cured	Relieved	Referred	Otherwise	Expired
----------------	-------	----------	----------	-----------	---------

Attending Physician

1. PRESENTING COMPLAINTS:

Location	Sensation& pathology	Modalities(<,> & A/F(=))	Concomitants if any

2. H/O PRESENTING ILLNESS :

(origin, duration and progression of each symptom in chronological order along with its mode of onset, probable cause (s), details of treatment and their outcome)

3. HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

4. HISTORY OF FAMILY ILLNESS:

5. PERSONAL HISTORY:

A. LIFE SITUATION:

Place Of Birth :

Religion :

Education :

Economic Status :

Social Status :

Nutritional Status :

Occupation :

Marital Status :

B. HABITS AND HOBBIES:

Food :

Addictions :

C. DOMESTIC REALATIONS:

With family members :

With other relatives :

With neighbours/friends/colleagues :

6. GENERAL SYMPTOMS:

A. PHYSICAL:

I. FUNCTIONAL:

Appetite :

Thirst :

Sleep :

II. ELIMINATIONS:

Stool :

Urine :

Sweat :

III. REACTIONS TO:

IV. CONSTITUTIONAL:

Physical makeup :
Temperament :
Thermal :
Side affinity :
Sensation/tendencies :

B. MENTAL GENERALS:

7. PHYSICAL EXAMINATION:

CONSCIOUS :
GENERAL APPEARANCE :
INTELLIGENCE & EDUCATION LEVEL :
GENERAL BUILD UP & NUTRITION :

HT: cm WT: Kg BMI: Kg/m²

A. PHYSICAL FINDINGS:

ANAEMIA :
JAUNDICE :
CYANOSIS :
OEDEMA :
LYMPHADENOPATHY :
GAIT :
BLOOD PRESSURE : mm of Hg
PULSE :
TEMPERATURE :
RESPRATE :

B. SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM:

Inspection:
Palpation:
Auscultation:

CARDIOVASCULAR SYSTEM:

Inspection:

Palpation:

Auscultation:

EXAMINATION OF BACK (LUMBAR REGION):

Inspection :

Palpation :

8. LAB INVESTIGATIONS & FINDINGS:

9. PROVISIONAL DIAGNOSIS:

10. DATA PROCESSING:

A. ANALYSIS OF SYMPTOMS

Common	Uncommon

B. EVALUATION OF SYMPTOMS:

Mental generals	Physical generals	Particular generals

C. TOTALITY OF SYMPTOMS (BASED ON CONSTITUTION):

Apperance/built:

Complexion:

Temperament:

Diathesis:

Hydrogenoid/ Carbonitrogenoid/ Oxygenoid:

Tendency:

Desires/Aversions/Intolerances:

Eliminations/ Discharges:

Sleep and its position:

Mental general

Particular symptoms: Pain over abdomen < during menses

11. SELECTION OF MEDICINE (REPORTORIAL):

12. MEDICINE SELECTED:

13. BASIS OF SELECTION:

14. FIRST PRESCRIPTION:

15. GENERAL MANAGEMENT AND AUXILLARY MEASURES:

16. PAIN ASSESMENT SCORE FOR SPASMODIC DYSMENORRHEA :

Working ability Location Intensity Days Dysmenorrhea(WaLIDD) SCORE

PATIENT NAME:

AGE :

MENARCHE :

CHARACTERISTICS OF MENSTRUAL CYCLE:

TYPE AND NUMBER OF NON-SURGICAL TREATMENTS UNDERGONE:

PLEASE CHECK THE CATEGORY AND ANSWERS THE QUESTION.

Write the score for each item in the column to the right.
RM

1. Where is the pain located (like lower abdomen, lower back, lower limbs, inguinal area)

Nowhere	Anyone of the site	More than 2 sites	All sites
0	1	2	3

2. Is the pain hurt?

Doesn't hurt	Hurts a little bit	Hurts a little more - Hurts even more	Hurts a whole lot- Hurts most
0	1	2	3

3. How many days are the pain present during menstruation?

Never	1-2 days	3-4 days	> or = 5 days
0	1	2	3

4. What about the frequency of disabling pain to perform the day to day activities?

Never	Almost never	Almost always	Always
0	1	2	3

17. FOLLOW UP:

DATE	FOLLOW UP										PRESCRIPTION	
	1	2	3	4	5	6	7	8	9	10	Rx	

APPENDIX III

SYMPTOM ASSESSMENT CHART

PAIN ASSESSMENT SCORE FOR SPASMODIC DYSMENORRHEA :

Working ability Location Intensity Days Dysmenorrhea(WaLIDD) SCORE

PATIENT NAME:

AGE :

MENARCHE :

CHARACTERISTICS OF MENSTRUAL CYCLE:

TYPE AND NUMBER OF NON-SURGICAL TREATMENTS UNDERGONE:

PLEASE CHECK THE CATEGORY AND ANSWERS THE QUESTION.

Write the score for each item in the column to the right.
RM

1. Where is the pain located (like lower abdomen, lower back, lower limbs, inguinal area)

Nowhere	Anyone of the site	More than 2 sites	All sites
0	1	2	3

2. Is the pain hurt?

Doesn't hurt	Hurts a little bit	Hurts a little more - Hurts even more	Hurts a whole lot- Hurts most
0	1	2	3

3. How many days are the pain present during menstruation?

Never	1-2 days	3-4 days	> or = 5 days
0	1	2	3

4. What about the frequency of disabling pain to perform the day to day activities?

Never	Almost never	Almost always	Always
0	1	2	3

The total score:

WaLIDD Score:- 0 – without dysmenorrhea; 1-4 – Mild dysmenorrhea; 5-7 - Moderate dysmenorrhea; 8-12 – Severe dysmenorrhea

The lower the score, the better controlled the pain of spasmodic dysmenorrhea.

APPENDIX - IV
CASE RECORDED - 1

PATIENT AS A WHOLE:

Name : Ms.M
 Age/ Sex : 21 years/ Female
 Religion : Hindu
 Occupation : Student
 Marital status : Single
 Address : Kulasekharam
 Date of casetaking : 15.03.2022
 OP No : 9920/15

PRESENTING COMPLAINTS:

Location and Duration	Sensation and pathology	Modalities (<,>) &A/F=	Concomitants and Associated symptoms
Female Reproductive system Since puberty (9 years)	Cramping pain	< during menses > bending double > pressure > hot fomentation	Vomiting
Musculoskeletal system (Back- lumbar region) Since puberty (9 years)	Cramping pain	< during menses	

HISTORY OF PRESENTING ILLNESS:

The patient's complaint started as pain over lower abdomen since puberty. Cramping pain worse during menses, better by bending double, pressure and hot fomentation. She has vomiting during menses. She also has pain over back during menses. Pain present during first 3 days of menses. She took allopathic medication whenever having this complaint, but relieved temporarily.

HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

At the age of 6 years - Had chickenpox - Took allopathic medication - relieved
Had H/O primary complex at the age of 1 year
Recurrent attack of cold easily since childhood

FAMILY HISTORY:

No Similar F/H of dysmenorrhea
Similar family history of Allergic rhinitis for her mother

PERSONAL HISTORY:

A.LIFE SITUATION:

Place of birth : Trichy
Religion : Hindu
Education : Studying BHMS
Economic status : Middle class
Social status : Good
Nutritional status : Good
Occupation : Student

B.DOMESTIC RELATIONSHIP:

With family members : Good
With other relatives : Good :
With neighbours/friends/colleagues : Good

C.MENSTRUAL HISTORY:

FMP : at the age of 12 years
LMP : 02.03.2022
Duration/Cycle : 5 days/28-30 days
Flow : 4 pads/ day, Normal

Clots : Nil
Color of Menses : Bright red in color
Leucorrhea : During menses; White, thick, Jelly-like in consistency

GENERAL FEATURES:

A. PHYSICALS:

I. FUNCTIONAL:

Appetite : Good 3t/day
Thirst : Decreased thirst with no desire to drink, 1L/day
Sleep : Refreshed, 11pm-7am

II. ELIMINATIONS:

Stool : Once daily, Difficulty in passing stool occasionally
Urine : Regular, Burning pain occasionally while passing urination
Sweat : Increased over face

REACTIONS TO:

Desire : Sweets
Aversion : Fatty foods, warm drinks
Intolerance : Nothing specific
Desire : Warm climate
Intolerance` : Cold climate
Covering : Not needed
Thermal : Chilly

MENTAL GENERALS:

Average in studies
Fear of being alone, of dark
Weeping even for trifle things
Highly emotional
Desires company
Affectionate with her family

DEVELOPMENTAL HISTORY:

Birth weight : 2.5 kg
No birth complication

Milestones : Normal

Took vaccination on proper time

PHYSICAL APPEARANCE:

Conscious

Short, slightly obese

Tendency to become obese

Fair complexion

Frequently licks the dry lips

Bristling of hair

Nails - Habit of nail biting

Steady gait

No deformity

No swelling

PHYSICAL FINDINGS:

Anaemia : No pallor

Jaundice : Not icteric

Clubbing : No clubbing

Cyanosis : No cyanosis

Edema : No edema

Lymphadenopathy : No lymphadenopathy

Pulse : 74 beats/ minute

Respiratory rate : 15 breaths/minute

Body weight : 52 kg

TEMP : 98.6⁰ F

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM:

Inspection : Nose : No DNS, No hypertrophied turbinates. No polyp

Palpation : No warmth, No tenderness

Auscultation : Normal vesicular breath sounds heard all over the lung fields

CARDIOVASCULAR SYSTEM:

First and second heart sounds are heard normally in all 4 auscultatory areas.

O/E OF ABDOMEN:

Inspection : No swelling, No scar marks

Palpation : No tenderness; no warmthness

PROVISIONAL DIAGNOSIS: SPASMODIC DYSMENORRHEA

ANALYSIS OF SYMPTOMS:

COMMON SYMPTOM	UNCOMMON SYMPTOM
Cramping pain over lower abdomen extending to back < during menses > bending double, > pressure > hot fomentation Vomiting during menses Recurrent attack of cold	Fear of dark, of being alone Average in studies Weeping even for trifle things Highly emotional Desires company Affectionate with her family Desire for sweets Aversion to fatty foods, warm drinks Frequently lick the dry lips Acne over face Bristling of hair Habit of nail biting Tall, slightly obese, Fair complexion

EVALUATION OF SYMPTOMS:

Mental Generals	Physical Generals	Particulars
Fear of dark, of being alone Average in studies Weeping even for trifle things Highly emotional Desires company Affectionate with her	Desire for sweets Aversion to fatty foods, warm drinks Frequently lick the dry lips Acne over face Bristling of hair Habit of nail biting Tall, slightly obese, Fair	Cramping pain over lower abdomen extending to back < during menses > bending double, > pressure > hot fomentation Vomiting during menses

family	complexion	Recurrent attack of cold
--------	------------	--------------------------

CONSTITUTIONAL SYMPTOMS:

Appearance	: Tall
Complexion	: Fair complexion
Built	: Moderately nourished
Temperament	: Phlegmatic
Diathesis	: Tubercular diathesis
Hydrogenoid/Carbonitrogenoid/Oxygenoid	: Hydrogenoid
Tendency	: to take cold easily
Desire	: Sweets
Aversion	: Fatty foods, warm drinks
Perspiration	: Increased over face

TOTALITY OF SYMPTOMS:

Fear of dark, of being alone
 Weeping even for trifle things
 Highly emotional
 Desire for sweets
 Aversion to fatty foods, warm drinks
 Frequently lick the dry lips
 Bristling of hair
 Habit of nail biting
 Tall, slightly obese, Fair complexion
 Cramping pain over lower abdomen extending to back < during menses
 > bending double, > hot fomentation
 Vomiting during menses
 Recurrent attack of cold

REPERTORIAL ANALYSIS:

	puls.	nat.c.	sulph.	lyc.	phos.	calc.	sep.	sil.	ars.	carb.v.	nux.v.	bry.	bell.	kal.c.	bar.c.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	14	13	12	12	12	12	12	12	12	12	11	11	11	10	10
	31	17	27	26	24	23	23	23	21	20	19	17	17	21	18
Clipboard 1															
1. MIND - FEAR - alone, of being (89) 1	2	1	-	3	3	1	2	1	3	1	1	1	1	3	1
2. MIND - WEEPING (327) 1	3	1	3	3	2	3	3	1	3	2	2	3	2	3	1
3. MIND - BITING - nails (70) 1	1	1	2	2	1	1	1	2	2	2	-	-	-	-	3
4. MIND - SENSITIVE (266) 1	3	2	3	3	3	2	2	3	2	2	3	1	3	2	2
5. GENERALS - FOOD and DRINKS - sweets - desire (207) 1	2	2	3	3	2	2	2	1	1	2	1	2	1	2	1
6. GENERALS - FOOD and DRINKS - fat - aversion (96) 1	3	1	2	1	1	1	2	2	2	2	1	2	1	1	-
7. ABDOMEN - PAIN - menses - during - agg. (131) 1	3	1	3	1	2	3	3	2	1	1	3	1	2	2	2
8. ABDOMEN - PAIN - warmth - amel. (48) 1	2	1	-	-	1	-	2	3	3	2	3	1	-	1	2
9. BACK - PAIN - menses - during - agg. (101) 1	2	1	3	2	2	2	1	2	1	1	1	3	2	2	1
10. STOMACH - VOMITING - menses - during - agg. (56) 1	2	1	2	2	2	2	1	-	1	2	1	1	1	2	-
11. GENERALS - COLD; TAKING A - tendency (165) 1	2	2	2	3	2	2	3	3	1	2	3	3	2	3	4
12. FACE - LICKING - lips (17) 1	2	2	1	2	-	-	-	-	1	-	-	-	1	-	-
13. Constitutions - COMPLEXIONS, general - fair, blonde, light (45) 1	3	1	2	-	3	3	1	2	-	-	-	1	1	-	-
14. Constitutions - HAIR, general, head and body - bristling (38) 1	1	-	1	1	-	1	-	1	-	1	1	-	-	-	1

REPERTORIAL RESULT:

Puls	Nat.c	Lyc	Sulph	Phos	Calc	Sep	Sil	Ars	Carb-v
31/14	17/13	27/12	26/12	24/12	23/12	23/12	23/12	21/12	20/12

MEDICINE SELECTED: PULSATILLA NIGRICANS

CONSTITUTIONAL SYMPTOMS OF PULSATILLA NIGRICANS:

Tall, slightly obese

Fair complexion

Bristling of hair

Frequently lick the dry lips

Desire for sweets

Aversion to fatty foods, warm drinks

Increased sweat over face

Habit of nail biting

Phlegmatic temperament

Fear of dark, of being alone

Highly emotional

MEDICINAL MANAGEMENT:

FIRST PRESCRIPTION:

RX

1. PULSATILLA NIGRICANS 200/ 1 DOSE (Morning) (No. 30 sized 1 medicated globule in 15 grainof sugar of milk - Dry dose)
2. B.PILLS (3XBD)
3. B.DISC (1X BD) - 7 DAYS

X 2 WEEKS

MODE OF ADMINISTRATION OF MEDICINE: One 30 sized medicinal globule in15 grains of sugar of milk - Dry dose advised to be taken orally

GENERAL MANAGEMENT:

Apply hot fomentation over lower abdomen

Drink more water

Eat bananas and dark chocolates

PAIN ASSESMENT SCORE:

Working ability Location Intensity Days Dysmenorrhea (WaLIDD) SCORE

PATIENT NAME : Ms.M

AGE : 21 Years

MENARCHE : 12 years

CHARACTERISTICS OF MENSTRUAL CYCLE:

TYPE AND NUMBER OF NON-SURGICAL TREATMENTS UNDERGONE:

PLEASE CHECK THE CATEGORY AND ANSWERS THE QUESTION.

Write the score for each item in the column to the right.

RM

1.Where is the pain located (like lower abdomen, lower back, lower limbs, inguinal area)

Nowhere

Anyone of the site

More than 2 sites

All sites

0

1

2

3

2

2. Is the pain hurt?

Doesn't hurt	Hurts a little bit	Hurts a little more -	Hurts a whole lot-	
		Hurts even more	Hurts most	
0	1	2	3	3

3. How many days are the pain present during menstruation?

Never	1-2 days	3-4 days	> or = 5 days	
0	1	2	3	2

4. What about the frequency of disabling pain to perform the day to day activities?

Never	Almost never	Almost always	Always	
0	1	2	3	3

WaLIDD Score:- 0 – without dysmenorrhea; 1-4 – Mild dysmenorrhea; 5-7 -Moderate dysmenorrhea; 8-12 – Severe dysmenorrhea

The lower the score, the better controlled the pain of spasmodic dysmenorrhea.

ON FIRST VISIT (WaLIDD Score Assessment):

DATE	CONDITION OF PATIENT				SCORE
15.03.2022	1	2	3	4	10
	2	3	2	3	

FOLLOWUP:

DATE	FOLLOWUP				PRESCRIPTION
11.04.2022	1	2	3	4	R _x 1. PULSATILLA NIGRICANS 200/ 1 DOSE
	2	2	2	2	
	L. M.P: 04.04.2022 Duration/ cycle : 5days /28				

	<p>days</p> <p>Flow: Normal</p> <p>Pain in abdomen during menses reduced</p> <p>Pain over back during menses persists</p> <p>Tendency to cold reduced</p> <p>Generals:</p> <p>Thirst: Improved, 2l/day</p> <p>Others: Good</p>				<p>(Morning X 1 DAY)</p> <p>2.SAC LAC/ 6 DOSES (Morning X 6 DAYS)</p> <p>3.B.PILLS (3XBD)</p> <p>4.B.DISC (1X BD) - 7 DAYS</p> <p>X 2 WEEKS</p>
09.05.2022	1	2	3	4	<p>R_x</p> <p>1. PULSATILLA NIGRICANS 200/ 1 DOSE (Morning X 1 DAY)</p> <p>2.SAC LAC/ 6 DOSES (Morning X 6 DAYS)</p> <p>3.B.PILLS (3XBD)</p> <p>4.B.DISC (1X BD) - 7 DAYS</p> <p>X 2 WEEKS</p>
	2	2	2	1	
	<p>L.M.P: 03.05.2022</p> <p>Duration/ cycle : 5days /30 days</p> <p>Flow: Normal</p> <p>Pain in abdomen during menses reduced</p> <p>Pain over back during menses much reduced</p> <p>Tendency to cold reduced</p> <p>Generals:</p> <p>Thirst: Improved, 2l/day</p> <p>Others: Good</p>				
25.05.2022	1	2	3	4	<p>R_x</p> <p>1. PL / 7 DOSES (Morning X 7 DAYS)</p> <p>2.B.PILLS (3XBD)</p> <p>3.B.DISC (1X BD) - 7 DAYS</p> <p>X 2 WEEKS</p>
	2	1	2	1	
	<p>L.M.P: 03.05.2022</p> <p>Duration/ cycle : 5days /30 days</p> <p>Flow: Normal</p> <p>Pain in abdomen during</p>				

	<p>menses reduced</p> <p>Pain over back during menses much reduced</p> <p>Tendency to cold reduced</p> <p>Generals:</p> <p>Thirst: Improved, 2l/day</p> <p>Others: Good</p>				
15.06.2022	1	2	3	4	<p>R_x</p> <p>1. PULSATILLA NIGRICANS 200/ 1 DOSE (Morning X 1 DAY)</p> <p>2.SAC LAC/ 6 DOSES (Morning X 6 DAYS)</p> <p>3.B.PILLS (3XBD)</p> <p>4.B.DISC (1X BD) - 7 DAYS</p> <p style="text-align: center;">X 2 WEEKS</p>
	2	1	1	1	
	<p>L.M.P: 06.06.2022</p> <p>Duration/ cycle : 5days /30 days</p> <p>Flow: Normal</p> <p>Pain in abdomen during menses much reduced</p> <p>Pain present first day of menses</p> <p>Pain over back during menses reduced but persists</p> <p>Tendency to cold reduced</p> <p>Generals:</p> <p>Thirst: Improved, 2l/day</p> <p>Others: Good</p>				
11.07.2022	1	2	3	4	<p>R_x</p> <p>1.SAC LAC/ 7 DOSES (Morning X 7 DAYS)</p> <p>2.B.PILLS (3XBD)</p> <p>3.B.DISC (1X BD) - 7 DAYS</p> <p style="text-align: center;">X 2 WEEKS</p>
	1	1	1	1	
	<p>L.M.P: 07.07.2022</p> <p>Duration/ cycle : 5days /30 days</p> <p>Flow: Normal</p> <p>Pain in abdomen during menses much reduced</p>				

	Pain present first day of menses Pain over back during menses reduced but persists Tendency to cold reduced Generals: Thirst: Improved, 2l/day Others: Good				
08.08.2022	1	2	3	4	Rx 1. PULSATILLA NIGRICANS 200/ 1 DOSE (Morning X 1 DAY) 2.SAC LAC/ 6 DOSES (Morning X 6 DAYS) 3.B.PILLS (3XBD) 4.B.DISC (1X BD) - 7 DAYS X 2 WEEKS
	1	1	1	1	
	L.M.P: 04.08.2022 Duration/ cycle : 5days /30 days; Flow: Normal Pain in abdomen during menses much reduced Pain present first day of menses Pain over back during menses relieved Generals: Good				

CASE RECORDED - 2

PATIENT AS A WHOLE:

Name : Ms.A
Age/ Sex : 21 years/ F
Religion : Muslim
Occupation : Housewife
Marital status : Married
Address : Dharga street, Thuckalay
Date of casetaking : 19.09.2022
OP No : 9521/22

PRESENTING COMPLAINTS:

Location and Duration	Sensation and pathology	Modalities (<,>) &A/F=	Concomitants and Associated symptoms
Female Reproductive system Since puberty (Since 9 years)	Cramping pain	< during menses > rest > bending double > sleep	Pimples over face Weakness all over the body Sensation of heat all over body during menses
Musculoskeletal system (Lower extremities- thighs and Lower back) Since 9 years	Aching pain	< during menses	

HISTORY OF PRESENTING ILLNESS:

The patient's complaint started as pain over lower abdomen since puberty. Cramping pain worse during menses, better by rest, bending double and sleep. Pain present during first 3 days of menses. She has pimples over face and weakness all over body during menses. She also has pain over thighs and back during menses. She took allopathic medication whenever having this complaint, but relieved temporarily.

HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

At the age of 5 years - Had mumps - Took herbal medication - relieved
H/O recurrent attack of cold since childhood

FAMILY HISTORY:

Similar F/H of dysmenorrhea in her mother
Similar family history of Allergic rhinitis for her mother

PERSONAL HISTORY:

A. LIFE SITUATION:

Place of birth : Kanniyakumari
Religion : Muslim
Education : B.com
Economic status : Middle class
Social status : Good
Nutritional status : Good
Occupation : Self-employed

B. DOMESTIC RELATIONSHIP:

With family members : Good
With other relatives : Good
With neighbours/friends/colleagues : Good

C. MENSTRUAL HISTORY:

FMP : at the age of 12 years
LMP : 24.08.2022
Duration/Cycle : 4 days/30 days
Flow : 2-3 pads/ day, Normal

Clots : Nil
Color of Menses : Dark red in color
Leucorrhea : During menses; White, thick in consistency

GENERAL FEATURES:

A. PHYSICALS:

II. FUNCTIONAL:

Appetite : Good 3t/day
Thirst : Satisfied, 1-2L/day
Sleep : Refreshed, 11pm-5am, jerks while sleeping

III. ELIMINATIONS:

Stool : Regular, Once daily, Difficulty while passing stool
Urine : Regular
Sweat : Increased over nose and neck.

REACTIONS TO:

Desire : Spicy, meat
Aversion : Milk
Intolerance : Nothing specific
Desire : Cold climate
Intolerance` : Warm climate
Covering : Needed
Thermal : Hot

MENTAL GENERALS:

Aversion to be alone
Easily getting tensed and nervous
Intolerance to contradiction
Affectionate more with her father
Fear of ghosts, Fond of cats
Grieves about consequences

DEVELOPMENTAL HISTORY:

Birth weight : 2.5 kg
No birth complication
All milestones normal

Took vaccination on proper time

PHYSICAL APPEARANCE:

Conscious

Short, Lean

Tendency to take tension easily

Dark complexion

Dryness of hair with falling off hair

Sweat on nose and neck

Steady gait

No deformity

No swelling

PHYSICAL FINDINGS:

Anaemia : Pallor present

Jaundice : Not icteric

Clubbing : Nil

Cyanosis : Nil

Edema : Nil

Lymphadenopathy : Nil

Pulse : 84 beats/ minute

Respiratory rate : 15 breaths/minute

Body weight : 56.3 kg

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM:

Inspection : Nose : No DNS, No hypertrophied turbinate. No polyp

Palpation : No warmth, No tenderness

Auscultation : Normal vesicular breath sounds heard all over the lung fields

CARDIOVASCULAR SYSTEM:

First and second heart sounds are heard normally in all 4 auscultatory areas.

O/E OF ABDOMEN:

Inspection : No swelling, No scar marks

Palpation : No tenderness; no warmth

PROVISIONAL DIAGNOSIS: SPASMODIC DYSMENORRHEA

ANALYSIS OF SYMPTOMS:

COMMON SYMPTOM	UNCOMMON SYMPTOM
Cramping pain over lower abdomen < during menses, > by rest, bending double and sleep Aching pain over both thighs and back < during menses Pimples over face during menses Weakness of body during menses. Sensation of heat all over body during menses Anaemic	Aversion to be alone Easily getting tensed and nervous Intolerance to contradiction Affectionate more with her father Fear of ghosts, Fond of cats Grieves about consequences Short, Lean Tendency to take tensed easily Dark complexion Dryness of hair with falling off hair Desire for spicy and meat Aversion to milk Sweat over nose and neck Nervous temperament Hot patient

EVALUATION OF SYMPTOMS:

Mental Generals	Physical Generals	Particulars
Aversion to be alone Easily getting tensed and nervous Intolerance to contradiction Affectionate more with her father Fear of ghosts, Fond of cats	Short Tendency to take tensed easily Dark complexion Dryness of hair with falling off hair Desire for spicy and meat Aversion to milk	Cramping pain over lower abdomen < during menses, > by rest, bending double and sleep Aching pain over both thighs and back < during menses Pimples over face

Grieves about consequences	Sweat over nose and neck Nervous temperament Hot patient	during menses Weakness of body during menses. Sensation of heat all over body during menses Aanemic
----------------------------	--	--

CONSTITUTIONAL SYMPTOMS:

- Appearance : Short stature
- Complexion : Dark complexion
- Temperament : Nervous temperament
- Diathesis : Tubercular diathesis
- Hydrogenoid/Carbonitrogenoid/Oxygenoid : Carbonitrogenoid
- Tendency : to get tensed easily
- Desire : Spicy
- Aversion : Milk
- Perspiration : Increased over nose

TOTALITY OF SYMPTOMS:

- Easily getting tensed and nervous
- Intolerance to contradiction
- Fear of ghosts, Fond of cats
- Lean, Anaemic
- Dwarfish in nature
- Tendency to take tensed easily
- Dark complexion
- Dryness of hair with falling off hair
- Desire for spicy
- Aversion to milk
- Sweat over nose
- Nervous temperament
- Hot patient
- Cramping pain over lower abdomen < during menses
- Sensation of heat all over body during menses

REPERTORIAL ANALYSIS:

	nat-m.	sulph.	phos.	calc.	sep.	ars.	lach.	chin.	calc-p.	lyc.	puls.	sil.	tub.	ph-ac.	bell.		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
13	12	10	10	9	9	9	9	8	8	8	7	7	7	7	7		
23	23	21	20	21	15	15	13	16	16	13	16	13	11	9			
1. MIND - CONTRADICTION - intolerant of contradiction	(103)	1	2	1	1	-	4	1	1	1	1	4	1	2	1	-	1
2. MIND - FEAR - ghosts, of	(48)	1	1	2	3	1	1	2	-	1	-	3	2	-	-	-	1
3. GENERALS - FOOD and DRINKS - pungent things - desire	(62)	1	1	1	-	1	1	1	1	1	-	1	-	1	1	-	
4. GENERALS - FOOD and DRINKS - milk - aversion	(92)	1	2	2	2	2	1	1	1	1	2	2	1	1	1	-	
5. NOSE - PERSPIRATION on	(18)	1	3	-	-	1	-	-	1	-	-	-	-	3	-	1	
6. ABDOMEN - PAIN - menses - during - agg.	(131)	1	2	3	2	3	3	1	2	2	3	1	3	2	-	-	2
7. Constitutions - NERVOUS, constitutions	(48)	1	2	2	3	3	2	3	2	1	-	3	2	2	-	2	2
8. Constitutions - TUBERCULOSIS, constitutions	(34)	1	1	2	3	3	2	2	2	-	3	2	-	3	3	3	-
9. Constitutions - ANEMIC, constitutions	(20)	1	3	2	2	2	-	2	2	3	3	-	1	2	-	2	-
10. Constitutions - HAIR, general, head and body - dryness	(18)	1	3	2	2	2	3	-	-	-	-	-	-	-	-	-	-
11. Constitutions - DWARFISH, constitutions	(31)	1	1	3	-	2	-	-	-	3	1	-	3	2	1	-	-
12. GENERALS - HEAT - flushes of - menses - during - agg.	(8)	1	1	-	-	-	-	2	-	-	-	-	-	-	1	-	-
13. GENERALS - WEAKNESS - menses - during - agg.	(92)	1	1	2	2	1	3	2	2	2	1	1	1	-	2	-	1

REPERTORIAL RESULT:

Nat-m	Sulph	Phos	Calc	Sep	Ars	Lach	Chin	Calc-p	Lyc
23/13	23/12	21/10	20/10	21/9	15/9	15/9	13/9	16/8	16/8

MEDICINE SELECTED: NATRUM MURIATICUM

CONSTITUTIONAL SYMPTOMS OF NATRUM MURIATICUM

Intolerance to contradiction

Nervous temperament

Tubercular diathesis

Lean, dark complexion

Dwarfish stature

Anemic constitution

Dryness with falling off hair

Desire for spicy

Aversion to milk

Sweat on nose

Hot patient

MEDICINAL MANAGEMENT:

FIRST PRESCRIPTION:

RX

1. NATRUM MURIATICUM 200/ 1 DOSE (HS) (No. 30 sized 1 medicated globule in 15 grain of sugar of milk - Dry dose at night)
2. SAC LAC/ 6 DOSES (HS X 6 DAYS)
3. B.PILLS (3XTDS)
4. B.DISC (1X BD) - 7 DAYS

X 2 WEEKS

MODE OF ADMINISTRATION OF MEDICINE: One 30 sized medicated globule in 15 grains of sugar of milk - Dry dose advised to be taken orally at night

GENERAL MANAGEMENT:

Apply hot fomentation over lower abdomen

Drink more water

Eat bananas and dark chocolates

PAIN ASSESSMENT SCORE:

Working ability Location Intensity Days Dysmenorrhea (WaLIDD) SCORE

PATIENT NAME : Ms.A

AGE : 21 Years

MENARCHE : 12 years

CHARACTERISTICS OF MENSTRUAL CYCLE:

TYPE AND NUMBER OF NON-SURGICAL TREATMENTS UNDERGONE: PLEASE CHECK THE CATEGORY AND ANSWERS THE QUESTION.

Write the score for each item in the column to the right.

RM

1. Where is the pain located (like lower abdomen, lower back, lower limbs, inguinal area)

Nowhere Anyone of the site More than 2 sites All sites

0 1 2 3 3

2. Is the pain hurt?

Doesn't hurt Hurts a little bit Hurts a little more - Hurts a whole lot-
 Hurts even more Hurts most

0 1 2 3 3

3. How many days are the pain present during menstruation?

Never 1-2 days 3-4 days > or = 5 days

0 1 2 3 2

4. What about the frequency of disabling pain to perform the day to day activities?

Never Almost never Almost always Always

0 1 2 3 3

WaLIDD Score:- 0 – without dysmenorrhea; 1-4 – Mild dysmenorrhea; 5-7 -Moderate dysmenorrhea; 8-12 – Severe dysmenorrhea
 The lower the score, the better controlled the pain of spasmodic dysmenorrhea.

ON FIRST VISIT (WaLIDD Score Assessment):

DATE	CONDITION OF PATIENT				SCORE
19.09.2022	1	2	3	4	11
	3	3	2	3	

FOLLOWUP:

DATE	FOLLOWUP				PRESCRIPTION
26.09.2022	1	2	3	4	RX
	3	2	2	2	

	L.M.P: 24.09.2022 Duration/ cycle : 5days /30 days Flow normal Pain in abdomen during menses reduced Pain over thighs and back during menses slightly reduced Weakness of body reduced Recurrent attack of cold reduced Pallor: Slightly present Generals: Stool: Once/day, regular, No difficulty Others: Good				1. SAC LAC / 7 DOSES HS X 7 Days) 2. B.PILLS (3XTDS) 3. B.DISC (1X BD) - 7 DAYS X 2 WEEKS
03.10.2022	1	2	3	4	RX 1. PL / 7 DOSES (HS X 7 Days) 2.B.PILLS (3XTDS) 3.B.DISC (1X BD) - 7 DAYS X 2 WEEKS
	3	2	2	2	
	L.M.P: 24.09.2022 Duration/ cycle : 5days /30 days Flow normal Pain in abdomen during menses reduced Pain over thighs and back during menses slightly reduced Weakness of body reduced Recurrent attack of cold reduced Pallor: Slightly present Generals: Stool: Once/day, regular, No difficulty Others: Good				
17.10.2022	1	2	3	4	RX

	3	2	2	2	<p>1. NATRUM MURIATICUM 200/ 1 DOSE (HS)</p> <p>2. SAC LAC / 6 DOSES (HS X 6 Days)</p> <p>3. B.PILLS (3XTDS)</p> <p>4. B.DISC (1X BD) - 7 DAYS</p> <p style="text-align: right;">X 2 WEEKS</p>
	<p>L.M.P: 24.09.2022</p> <p>Duration/ cycle : 5days /30 days</p> <p>Flow normal</p> <p>Pain in abdomen during menses reduced</p> <p>Pain over thighs and back during menses slightly reduced</p> <p>Weakness of body much reduced</p> <p>Recurrent attack of cold much reduced</p> <p>Pallor: No pallor</p> <p>Generals: Good</p>				
31.10.2022	1	2	3	4	<p>RX</p> <p>1.SAC LAC / 7 DOSES (HS X 7 Days)</p> <p>2.B.PILLS (3XTDS)</p> <p>3.B.DISC (1X BD) - 7 DAYS</p> <p style="text-align: right;">X 2 WEEKS</p>
	1	1	2	1	
	<p>L.M.P: 24.10.2022</p> <p>Duration/ cycle : 5days /30 days</p> <p>Flow normal</p> <p>Pain in abdomen during menses much reduced but persists</p> <p>Pain over thighs and back during menses relieved</p> <p>Weakness of body reduced</p> <p>Recurrent attack of cold much reduced</p> <p>Generals: Good</p>				
09.11.2022	1	2	3	4	<p>RX</p> <p>1. NATRUM MURIATICUM 200/ 1 DOSE (HS)</p>
	1	1	2	1	
	<p>L.M.P: 24.10.2022</p> <p>Duration/ cycle : 5days /30 days</p>				

	<p>Flow normal Pain in abdomen during menses much much reduced but persists Weakness of body reduced Recurrent attack of cold much reduced Generals: Good</p>				<p>2. SAC LAC / 6 DOSES (HS X 6 Days) 3. B.PILLS (3XTDS) 4. B.DISC (1X BD) - 7 DAYS X 2 WEEKS</p>
12.10.2022	1	2	3	4	<p>RX 1. NATRUM MURIATICUM 200/ 1 DOSE (HS) 2. SAC LAC / 6 DOSES (HS X 6 Days) 3. B.PILLS (3XTDS) 4. B.DISC (1X BD) - 7 DAYS X 2 WEEKS</p>
	1	1	2	1	
<p>L.M.P: 24.10.2022 Duration/ cycle : 5days /30 days Flow normal Pain in abdomen during menses much much reduced but persists Weakness of body reduced Generals: Good</p>					

APPENDIX - V

FORM - 4 : CONSENT FORM (A)

INFORMATION FOR PARTICIPANTS OF THE STUDY

The title of the project: “A CLINICAL STUDY ON EFFECTIVENESS OF CONSTITUTIONAL MEDICINE IN MANAGEMENT OF PATIENTS WITH SPASMODIC DYSMENORRHEA.”

Investigator:

DR. P.MEENAKSHI NANDHINI

62 –A, 4th Cross Street, Ramaiah main road, Jaihindpuram,
Madurai-625011, Tamil Nadu.

Mobile no: 9600842774

Guide:

Dr. MURUGAN. M MD (hom.)

Professor & Head, Dept Of Organon Of Medicine & Homoeopathic Philosophy
Sarada Krishna Homoeopathic Medical College
Kulasekharam, Kanniyakumari Dist.

The purpose of the study:

- To assess the effectiveness of constitutional medicine in the management of patients with spasmodic dysmenorrhea.
- To understand the knowledge of various medicines for the constitutional prescription.
- To evaluate the pain of spasmodic dysmenorrhea using WaLIDD Score.

Procedure/ methods of the study: Purposive sampling of 30 cases of patients with spasmodic dysmenorrhea from the OPD, IPD and rural centers of Sarada Krishna Homoeopathic Medical College. The case details will be recorded in standardized and pre-structured case format of Sarada Krishna Homoeopathic Medical College and will be analyzed and the totality will be erected. Then the symptoms will be evaluated, based on the totality of symptoms and the constitution of patient analyzed. Then the case will be repertorised (if needed) and a remedy will be prescribed. Selection of potency and repetition of doses will be selected based on the homoeopathic philosophy. Assessment is done in every 1-2 months and the changes are recorded.

The expected duration of the subject participation: six months to one year

The benefits to be expected from the research to the participants or to others and the post trial responsibilities of the investigators: The first step is to improve the patient's inability in performing daily activities during the time of menstruation. Therefore by this study, will help them to overcome all these barriers and psychological effects, interferes with absenteeism from academic and work activity which have addressed especially in teenagers and young adults. The participants who take part in this study are contributing towards the care and treatment without any adverse effects who are suffering with spasmodic dysmenorrhea. Through this the participants get the best quality of homoeopathic treatment for their complaints. Thus study is a benefit not only to the participant but also to the society as a whole.

Maintenance of confidentiality of records: The records are maintained highly confidential. Only the investigator has the access to the subject's medical records. Participants' identity will never be disclosed at any time, during or after the study period or during publication of the research. Securely store data documents in locked locations and encrypted identifiable computerized data. All information revealed by the patient will be kept as strictly confidential. Free treatment for research related injury is guaranteed. Compensation of the participants not only for disability or death resulting from such injury but also for unforeseeable risk is provided, in case situation arises. Future uses of the biological material and of data to be used for secondary purposes or will be shared with others only with your consent.

Contact for trial related queries, rights of the subject and in the event of any injury: There will not be any anticipated prorated payment to the subject for participating in the trial. The responsibilities to the participant in the trial are; they must disclose all about their complaints, participants must strictly stick on to the scheduled diet and regimen. The participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the subject is otherwise entitled.

Signature of investigator

FORM - 4 : CONSENT FORM (B)

Participant consent form

Informed Consent form to participate in a clinical trial Study Title: “A CLINICAL STUDY ON EFFECTIVENESS OF CONSTITUTIONAL MEDICINE IN MANAGEMENT OF PATIENTS WITH SPASMODIC DYSMENORRHEA”.

Study Number:

Subject’s Initials:

Subject’s Name:

Date of birth/Age:

Please initial Box (Subject)

- i. I confirm that I have read and understood the information sheet dated [] _____ for the above study and have had the opportunity to ask question.
- ii. I understood that my participation in the study is voluntary and that I am free to withdraw at any time without giving any reason. Without my medical care or legal rights being affected. []
- iii. I understand that the sponsor of the clinical trial, others working on the sponsor’s behalf the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. []
- iv. I agree not to restrict the use of any data or result that arises from this study provided such a use only for scientific purpose(s). []
- v. I agree to take part in the above study. []

Signature (or Thumb impression of the subject/legally acceptable Representative: _____ Date _____/_____/_____

Signatory’s Name: _____

Signature of the Investigator: _____ Study Investigator’s Name: Dr. Meenakshi Nandhini.P

Signature of the Witness _____ Date: ____/____/____

Signature of the Witness _____ Date ____/____/____

CONSENT FORM (for participants less than 18 years of age)

Parent/Legally accepted representative (LAR)

Participant's name:

Address:

Parent/LAR's name:

Title of the project:

“A CLINICAL STUDY ON EFFECTIVENESS OF CONSTITUTIONAL MEDICINE IN MANAGEMENT OF PATIENTS WITH SPASMODIC DYSMENORRHEA”.

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my patient's participation in the study is voluntary and that I am free to withdraw my patient at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. I fully consent for the participation of my patient in the above study.

Assent of child/ward obtained (for participants 12 to 18 years of age)

Signature of the parent/ LAR: _____ Date: _____

Signature of the witness: _____ Date: _____

Signature of the investigator: _____ Date: _____

APPENDIX- VI
MASTER CHART

	Age	Occupation	Marital status	Family history	Gynaecological History			Constitution factors							Medicine	Potency	Scoring		Improvement
					FMP	Site of pain	Pain Duration In days	Appearance/ Built	Complexion	Desire/Aversion/Intolerance	constitution	Temperament	Diathesis	Tendency			B T	A T	
1.	27	House wife	Married	Mother	13	3	2	obese	Dark	D-sweet	Hydrogenoid	Phlegmatic	Tubercular	Have cold	Pulsatilla	200	9	5	Moderate
2.	27	House wife	Married	Mother	15	3	1	Tall	Dark	D-sweet	Carbonitrogenoid	Phlegmatic	Tubercular	Have cold	Pulsatilla	200	9	6	Moderate
3.	15	Student	Single	No similar history	13	2	1	Lean	Dark	D-Sour foods	Carbonitrogenoid	Nervous	Lymphatic	Exhaust	Naturmur	200	9	4	Marked
4.	19	Student	Single	No similar history	13	2	1	obese	Fair	I-pasta	Hydrogenoid	Phlegmatic	Tubercular	Exhaust	Pulsatilla	200	9	4	Marked
5.	22	Student	Single	No similar history	12	2	1	Lean	Fair	D-sour	Carbonitrogenoid	Sanguine	Tubercular	Exhaust	Phosphorus	200	9	4	Marked
6.	12	Student	Single	No similar history	11	1	2	Lean	Dark	D-cold	Carbonitrogenoid	Nervous	lymphatic	Exhaust	Sepia	0/3	10	4	Marked

7.	30	House wife	Married	No similar history	13	1	2	Lean	Dark	D-spicy	Carbonitrogenoid	Nervous	Tubercular	lean	Natrum mur	200	9	3	Marked
8.	22	Self-employed	Singl e	No similar history	14	3	2	Lean	Fair	I-Meat	Carbonitrogenoid	Nervous	Tubercular	Exhaust	Silicea	200	10	4	Marked
9.	15	House wife	Married	Mother	11	2	3	Obese	Fair	D-spicy	Hydrogenoid	Phlegmatic	Tubercular	cram ps	Calcarea carb	200	10	4	Marked
10.	14	Student	Singl e	Mother	14	3	3	Lean	Dark	D-sweets	Carbonitrogenoid	Nervous	Tubercular	Exhaust	Natrum mur	200	9	5	Moderate
11.	21	Student	Singl e	Mother	13	3	3	Lean	Fair	D-sweets	Carbonitrogenoid	Phlegmatic	Tubercular	Cold	Pulsatilla	200	10	5	Moderate
12.	20	Student	Singl e	Mother	12	3	3	Short	Fair	Ice cream	Hydrogenoid	Phlegmatic	lymphatic	Cold	Calcarea carb	200	11	4	Marked
13.	24	House wife	Married	Mother	11	3	3	Lean	Dark	D-Sweet	Oxygenoid	Phlegmatic	Tubercular	Cold	Sepia	0/3	10	4	Marked
14.	13	Student	Singl e	Mother	12	3	3	Short	Fair	D-sour	Hydrogenoid	Phlegmatic	Lymphatic	Cold	Calcarea carb	200	11	4	Marked
15.	16	Student	Singl e	Mother	11	3	2	Lean	Dark	D-Fat foods	Carbonitrogenoid	Biliou s	Rhue matic	Const ipation	Nuxvomi ca	200	11	4	Marked
16.	18	Student	Singl e	Elder sister	12	3	2	Short	Fair	A-milk	Hydrogenoid	Phlegmatic	Lymphatic	Cold	Clacarea carb	200	11	3	Marked
17.	18	Student	Singl e	Elder sister	13	2	3	Lean	Fair	D-eggs	Carbonitrogenoid	Nervous	Tubercular	weak	Phosphorus	200	10	4	Marked
18.	13	Stude	Singl	Elder	11	2	3	Tall	Fair	D-	Carbo	Phleg	Tuber	cold	Pulsatilla	200	10	5	Moder

		nt	e	sister						sour	nitroge noid	matic	cular						ate
19.	12	Stude nt	Singl e	Elder sister	11	1	3	Lean	Dark	D- spicy	Oxyge noid	Phleg matic	Tuber cular	cold	Sepia	0/1	10	4	Marke d
20.	24	House wife	Marri ed	Elder sister	14	3	2	Short	Fair	A- eggs	Hydro genoid	Phleg matic	Lymp hatic	cold	Calcrea carb	200	9	5	Moder ate
21.	19	Stude nt	Singl e	Elder sister	11	2	2	Tall	Dark	D- Farina ceous food	Carbo nitroge noid	Rheu matic	Lymp hatic	consti patio n	Nuxvom	200	9	3	Marke d
22.	20	Stude nt	Singl e	No similar history	13	2	3	Tall	Dark	D- sweets	Carbo nitroge noid	Nervo us	Dyscr atic	Irritat ed	Sulphur	200	10	4	Marke d
23.	21	Stude nt	Singl e	No similar history	12	2	3	Tall	Fair	D- sweets	Hydro genoid	Phleg matic	Tuber cular	cold	Pulsatilla	200	10	4	Marke d
24.	13	Stude nt	Singl e	No similar history	9	2	3	Lean	fair	D- Milk	Carbo nitroge noid	Nervo us	Lymp hatic	Tense d	Silicea	200	11	4	Marke d
25.	19	Stude nt	Singl e	Matern al grandm other	12	1	2	Lean	Dark	D- sour	Carbo nitroge noid	Nervo us	Tuber cular	lean	Natrum mur	200	9	5	Moder ate
26.	21	Marri ed	Hous e wife	Mother	12	3	3	Short	Dark	D- spicy	Carbo nitroge noid	Nervo us	Tuber cular	Tense d	Natrum mur	200	11	4	Moder ate
27.	19	Stude nt	Singl e	Mother	11	2	3	Tall	Fair	D- sweets	Carbo nitroge noid	Phleg matic	Tuber cular	cold	Pulsatilla	200	10	4	Marke d

28.	18	Student	Single	Mother	11	3	3	Tall	Dark	D-Fat foods	Carbonitrogenoid	Rheumatic	Lymphatic	constipation	Nuxvom	200	11	4	Marked
29.	26	Housewife	Married	Mother	13	2	3	Tall	Fair	D-Sour	Carbonitrogenoid	Phlegmatic	Tubercular	cold	Pulsatilla	200	11	4	Marked
30.	19	Student	Single	Mother	12	2	2	Lean	Dark	D-sweets	Oxygenoid	Phlegmatic	Tubercular	cold	Sepia	200	9	5	Moderate