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HEALING THE HIDDEN PAIN: HOMEOPATHY FOR MENSTRUAL HARMONY

By

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Abstract

Dysmenorrhea, commonly known as painful menstruation, is a prevalent gynaecological condition affecting a large proportion of adolescent girls and women of reproductive age. It is characterized by cramping pain in the lower abdomen occurring before or during menstruation and may be associated with symptoms such as nausea vomiting, headache, fatigue, irritability and backache. Dysmenorrhea is classified into primary dysmenorrhea, which occurs in the absence of pelvic pathology and secondary dysmenorrhea, which is associated with underlying disorders such as endometriosis or uterine abnormalities. The condition significantly interferes with daily activities academic performance and quality of life

From a homeopathic perspective, dysmenorrhea is viewed as a manifestation of an individual's constitutional imbalance rather than merely a localized uterine disorder. Homeopathic management emphasizes individualized treatment based on the totality of symptoms, including physical, emotional and mental characteristics. Remedies such as Phosphorus, Magnesia phosphorica, Pulsatilla, Colocynthis and Sepia are frequently indicated depending on symptoms presentation. Homeopathy aims to provide gentle, safe and holistic relief by addressing the root cause and improving overall health. This approach may help reduce the intensity and frequency of menstrual pain and enhance the quality of life without significant adverse effects.

Keywords: *Dysmenorrhea, Phosphorus, Homeopathy, uterine contractility, menstrual pain, individualization.*

Introduction

Painful menstruation is a frequent complaint encountered in gynaecological practice and represents a major cause of distress among women during their reproductive years. Dysmenorrhea not only produces physical suffering but also affects emotional well being and social functioning. Although conventional treatments provide symptomatic relief, many patients continue to experience recurrent pain or adverse effects from long term medication use. This has increased interest in individualized therapeutic approaches such as homeopathy, who aim to address the underlying susceptibility rather than merely suppress symptoms.

In homeopathy, dysmenorrhea is considered a manifestation of a deeper constitutional disturbance rather than purely local uterine disorder. The homeopathic approach emphasizes individualization and remedy selection based on the totality of symptoms, including physical, mental and emotional characteristics. Treatment aims to restore the balance of the vital force and enhance the body's natural healing capacity. Homeopathic remedies are selected according to symptom similarity and are believed to provide safe and effective relief in dysmenorrhea without significant adverse effects.



AIMS

To evaluate the effectiveness of homeopathic medicines in the management of dysmenorrhea among women of reproductive age.

OBJECTIVES

1. To study the clinical features of dysmenorrhea in women.
2. To evaluate the role of individualized homeopathic remedies in relieving menstrual pain.
3. To assess the improvement in associated symptoms such as nausea, vomiting, fatigue and headache.
4. To analyse the response to homeopathic treatment over a specified period.
5. To improve quality of life in patients suffering from dysmenorrhea.

MATERIALS AND METHODS

STUDY DESIGN: This study is a single case clinical observation documenting the homeopathic management of Polycystic Ovarian disease. The case was evaluated and treated accordingly to the individualized principles of homeopathy based on the totality of symptoms.

CASE TAKING AND CLINICAL ASSESSMENT: A detailed case history was obtained following classical homeopathic case-taking methods, including mental generals and particular symptoms. Physical examination and systemic evaluation were performed to assess the patient's general health status.

General physical examination, vital signs assessment and systemic examination were carried out to rule out other associated systemic abnormalities.

REPERTORISATION: The totality of symptoms obtained from case taking was converted into repertorial rubrics and analysed using Kent's repertory.

The repertorisation process identified the most appropriate remedy by analysing the correlation between the selected rubrics and the remedies listed in the repertory.

REVIEW OF LITERATURE

DEFINITION

Dysmenorrhea literally means painful menstruation. But a more realistic and practical definition includes cases of *painful menstruation of sufficient magnitude so as to incapacitate day to day activities*.^[1]

Types :

- Primary
- Secondary

PRIMARY DYSMENORRHEA

It is defined as painful menstruation without any obvious pelvic pathology.

INCIDENCE: It is a common condition which may be seen in 50% postpubertal women during 18-25 years of age. However, 20% women have severe primary dysmenorrhea needing treatment.^[2]

ETIOLOGY

1. **Prostaglandin theory :** It occurs due to excessive or imbalanced amount of prostaglandin secreted from the endometrium during menstruation. They cause dysthymia and increased uterine contractions within increased basal tone and increased active pressure.^[2]
2. **Role of vasopressin and endothelial:** Increased vasopressin secretion from posterior pituitary has been observed in patients of primary dysmenorrhea during menstruation. Vasopressin causes dysmenorrhea through increase in uterine contractility directly and also increases prostaglandin synthesis.

Endothelia level have also been observed to be high in primary dysmenorrhea which also causes myometrial ischemia and increased uterine contractility.^[2]

3. **Neurogenic factors :** There may be increased action of sympathetic nerves in women with dysmenorrhea through increased contractility of circular myometrium fires of isthmus and internal os.^[2]
4. **Psychosomatic factors :** Like anxiety, tension which are common in adolescent girls may play role in primary dysmenorrhea.
5. **Anatomical factors :** Like uterine anomalies can also cause primary dysmenorrhea through unequal myometrial contractility.^[2]
6. **Role of chemicals:** Like leukotrienes and platelet activating factor (PAF) has been suggested as the cause of vasoconstriction and increased myometrial contractility.^[2]

CLINICAL FEATURES

1. Pain after onset of menstruation and lasts for 48-72 hours resembling labor pain with suprapubic cramps.
2. Associated with Lumbosacral backache and pain radiates to the anterior thigh.
3. Associated symptoms as vomiting, headache, malaise, diarrhoea and fainting attacks.
4. There may be uterine tenderness on examination.⁽²⁾

SECONDARY DYSMENORRHEA

Secondary dysmenorrhea is a cyclic menstrual pain occurs in association with underlying pelvic pathology. Pain usually occurs in premenstrual phase due to congestion, increased tension and increased vascularity in the pelvic organs.⁽²⁾

ETIOLOGY: The various causes of secondary dysmenorrhea are as follows :

1. **Endometriosis :** It is the most common cause of secondary dysmenorrhea.
2. **Adenomyosis :** It is the second most common cause.
3. Non hormonal intrauterine devices (e.g., copper T)
4. Pelvic inflammatory disease.
5. Subacute endometriosis.

6. Ovarian cysts.
7. Congenital uterine anomalies.
8. Cervical stenosis.
9. Uterine fibroid.⁽²⁾
10. Pelvic adhesions.
11. Endometrial polyp.
12. Pelvic congestion.
13. Ovarian dysmenorrhea due to congestion of right Ovarian vein pressing on ureter causing pain.⁽²⁾

CLINICAL FEATURES

1. It usually develops after any years of menarche it starts before onset of Menses and may relieved with menstrual flow or may continue throughout the period.
2. A dull type of pain with no radiation.^[2]
3. Abdominal uterine bleeding or unhealthy discharge^[2]

DIAGNOSIS OF DYSMENORRHEA

A thorough medical history that includes a clear description of the patient's symptoms, menstrual cycles and any related medical disorders is usually required in order to diagnose dysmenorrhea. One way to check for indications of pelvic inflammation, structural irregularities or pain is to do a pelvic examination. To check for underlying pelvic pathology, additional diagnostic procedures like laparoscopy, magnetic resonance imaging (MRI) or ultrasound may be advised in some circumstances.^[2]

TREATMENT FOR DYSMENORRHEA

Phosphorus is one of the remedy which can be given for dysmenorrhea with associated complaints like marked burning or cramping pain in the lower abdomen, where the pain radiated to the hips. Great weakness during menses and emotional sensitivity anxiety or fearfulness. Patients require Phosphorus are often are open, sympathetic and impressionable with tendency towards nervous exhaustion.^[3]

PATIENT CONSENT STATEMENT

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical information. The patient was informed that personal identifiers would not be disclosed and that all reasonable efforts would be made to maintain confidentiality. A copy of the written consents available for review by the editor of the journal upon request.

A case study of dysmenorrhea:

Preliminary data

Name: Miss. WXYZ

Age: 21 Years

Sex : Female

Address :

Occupation : Student

Case Registration No :

Date of visit (DOV) :

PRESENTING COMPLAINTS :

A 21 year old female patient presented with the following complaints of 3 years duration :

- **Severe pain during menstruation**
- **Pricking type pain in lower abdomen and back**
- **Difficulty in sitting during pain episodes**
- **General weakness during menses**

Location : Lower abdomen and lower back.

Modalities : N/S

Concomitants : Vomiting during 1st day of Menses. Whatever the patient eats or drinks is being vomited during menses.

HISTORY OF PRESENTING COMPLAINTS

The patient is healthy 3 years back but gradually developed painful menses which is associated with Pricking type of pain in lower abdomen and lower back and difficulty while sitting during pain episodes. Along with vomiting first day of Menses, anything which she eats or drinks is being vomited out.

PAST HISTORY: No significant last medical history.

FAMILY HISTORY : No relevant family history.

- **Appetite :** Moderate
- **Thermals:** Chilly patient
- **Menstrual history :** Menarche at age of 13 , regular cycle for 28 days ; duration 4-5 days ; flow normal for 3 days ; dark red blood with clots, mainly on first day of Menses

LIFE SPACE INVESTIGATION

Patient hails from a middle class family, she's a graduate student and really active in studies and household activities and works. She worries about her exams and studies.

GENERAL PHYSICAL EXAMINATION

- Patient is well oriented to time, place and people.
- Moderately built and well nourished.
- No signs of :
 1. Pallor
 2. Clubbing
 3. Jaundice
 4. Cyanosis
 5. Oedema
 6. Lymphadenopathy

VITAL SIGNS:

- **Pulse :** 78 beats per minute, regular rhythm
- **Blood pressure :** 130/70 mmHg (right arm, sitting position)
- **Respiratory rate :** 16 breaths per minute.
- **Temperature :** Afebrile at the time of the examination.

DIAGNOSIS: Dysmenorrhea

TOTALITY OF SYMPTOMS:

- Anxiety about exams.

- Painful menstruation.
- Pricking type of pain at lower abdomen and lower back.
- Associated with vomiting on 1st of Menses.
- Anything she eats or drinks is being vomited out.
- Couldn't sit during menses due to pain.

Homeopathic medications for dysmenorrhea:

1. **Borax** causes membranous dysmenorrhea, with early, profuse menstruation, colic, nausea and stitching pains in the pectoral region, accompanied by sterility.^[6]
2. **Bromium** can cause membranes dysmenorrhea, violent abdominal spasms, premature red blood flow, exhaustion and hard swelling in the Ovarian region.^[4]
3. **Cimicifuga** is a remedy for dysmenorrhea characterized by pain in the lower abdomen, typically starting on the first day of menstruation and persisting until the flowcharts. It addresses both mental and physical symptoms aggravated by menstrual flow.^[4]
4. **Collinsonia** is a condition characterized by severe dysmenorrhea, convulsions, womb pain, cardiac nerve irritation and suppressed menstrual return after heart trouble has subsided^[4]
5. **Ipecacuanha** is a natural remedy for painful periods with nausea and vomiting, causing persistent nausea in the lower abdomen, cutting pain in the uterus and heavy bright red bleeding during periods.^[6]
6. **Kali carbonicum** is a medication prescribed for menstrual pain in the lower abdomen, back and hips, causing severe backache that worsens with walking. Relief can be achieved through sitting or back pressure.^[5]
7. **Lachesis** can cause PMS symptoms like irritability, jealousy, depression, headache and heat flushes. It can also cause severe cramps due to clothing pressure. It's better from open air, cold drinks and talking, but worse from sleep and heat^[4]
8. **Magnesia Phosphoricum** is a common remedy for menstrual issues, often seen in women with dark periods. This is the typical picture of a woman with her period, doubled up with a hot water bottle or heating pad pressed firmly against stomach. It involves hot baths, pressure and lying on the right-side, with cold drinks being the third option^[6]
9. **Pulsatilla** individuals are easily suppressed by wet feet or bathing, with Irregular & changeable menstrual cycles. They are weepy, changeable, shy, dependent and crave nurturing, love and attention. They are thistles, crave creamy things, and prefer warm environments over warm ones^[5]
10. **Sabina** experiences severe cramps, pain and blood mixed with dark clots, shooting pain up the vagina and prefers lying flat on the back with extended limbs.^[6]

11. **Sepia** is a condition characterized by a weak uterus, late, scanty, Irregular or profuse menstruation, violent vaginal stitches, low sex drive, anger fatigue, chilly, irritable and over worked mood. It can be improved by exercise and better with warmth.^[6]
12. **Veratrum album** symptoms include heavy periods, severe cramps, diarrhoea, vomiting, chillies cold sweat, weakness, exhaustion, fainting and may desire ice water.^[5]
13. **Viburnum opulus** is a remedy that causes sudden uterine pain before menstruation, backache during menstruation and Spasmodic dysuria in Hysterical individuals.^[6]

RUBRICS SELECTED^[7]

- | S.N | RUBRIC |
|-----|---|
| 1. | MIND – Anxiety - pg.no : 04 |
| 2. | STOMACH - Vomiting – eating – after - pg.no : 533 |
| 3. | STOMACH – Vomiting - drinking – after - pg.no : 532 |
| 4. | STOMACH – Vomiting -Menses- during - pg.no : 534 |
| 5. | FEMALE GENITALIA – Menses- painful – dysmenorrhea - pg.no : 727 |
| 6. | FEMALE GENITALIA – Pain- stitching- Menses-during - pg.no : 742 |
| 7. | FEMALE GENITALIA - Metrorrhagia- dark blood – clots – mixed with pg.no : 730 |
| 8. | FEMALE GENITALIA - Pain – uterus – Menses at beginning - pg.no : 734 |
| 9. | BACK – Pain – Menses- during - pg.no : 896 |
| 10. | GENERALITIES – Motion – agg - pg.no : 1374 |
| 11. | GENERALITIES - Cold – in general – agg - pg.no : 1378 |
| 12. | GENERALITIES - Weakness enervation – Menses- during - pg.no 1417 |

REPERTORIAL RESULT:

Remedy	Total marks	Rubrics covered
Phosphorus	22	9
Sulphur	21	9
Lycopodium	20	11
Calacarea Carb	19	10
Belladonna	19	9
Kali carbonica	19	9
Arsenic album	19	8

The repertorial result indicated **Phosphorus** as the most suitable remedy covering the maximum number of Rubrics and totality of symptoms.

SELECTION OF REMEDY WITH JUSTIFICATION

After repertorisation, the final selection of the remedy was made by correlating the repertorial result with the materia medica description from Kent's Repertory

The remedy Phosphorus was selected based on the following characteristic indications:

- Vomiting during menses after eating or drinking.
- Painful menstrual cycle .
- Pain in the lower abdomen during menses at the beginning.
- Lower back pain during menses.
- Weakness and exhaustion during menses.

PRESCRIPTION:

Phosphorus - 200c – 3 doses .

Followed by placebo for 1 month

ADVICE:

- Advised to avoid coffee and other stimulant drinks
- Advised to take iron content Food daily .
- Advised to drink more water and always stay dehydrated.

FOLLOW UP:

DATE FINDINGS	CLINICAL ASSESSMENT
18-01-2025	Pain in the abdomen is slightly decreased. Improvement.
23-02-2025	Pain in the abdomen and lower back decreased. Marked improvement.
28-03-2025	Decrease in severity and duration of pain. Marked improvement.
30-04-2024	Better tolerance during menstrual cycle. Recovery.

CONCLUSION

This case highlights the effective role of individualized homeopathic treatment in the management of dysmenorrhea. The remedy Phosphorus selected based on the totality of symptoms and reportorial analysis, resulted in significant clinical improvement within a short period. The case demonstrates that homeopathic management may provide a safe, non – invasive therapeutic approach in cases of dysmenorrhea.

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CONFLICT OF INTREST

Authors declare no conflict of interest.

REFERENCES

1. Dutta's DC. Textbook of Gynaecology. New Delhi. Jaypee brothers Medical Publisher(P) Ltd., 2016 ; 146 -147 .
2. Gynaecology for undergraduates by J B Sharma 2nd edition . Arya publications (P) Ltd., 2022; 120-130.
3. Article – Homeopathic treatment in dysmenorrhea : A narrative review from World Journal Of Pharmaceutical Research; volume 13, Issue 6 ,280 - 286 ;ISSN 2277-7105. DOI : 10.20959/wjpr20246-31647.www.wjpr.net.
4. Lilienthal S. M.D. Homeopathic Therapeutics. New Delhi : B Jain Publishers (P)Ltd.,2014;22: 725, 731, 734, 738.
5. Dr. Sharma H. 5 Best Homeopathic Medicines for painful Menses Internet. Available from : <https://www.homeopathicdoctor.co.in/5-best-homeopathic-medicines-for-painful-menses>.
6. Boericke W. New Manual of Homeopathic Materia Medica with Repertory. Third Revised & Augmented Edition Based on Ninth Edition 33th impression. New Delhi : B. Jain Publishers (P) Ltd.,2014; 19(33): 161
7. Repertory Of The Homeopathic Materia Medica by James Tyler Kent . Reprint Edition, B. Jain publisher (P) Ltd. New Delhi, 2004 pg no - 04, 532, 534,727,742,730,734,896,1374,1348,1417.