



“AMELIORATING EFFECTS OF VIBURNUM OPULUS HOMOEOPATHIC MOTHER TINCTURE IN SPASMODIC DYSMENORRHEA.”

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ABSTRACT

Background- Viburnum opulus or Cramp bark has an anti-spasmodic, anti-toxicant, anti-inflammatory & sedative activities. This present prospective clinical study aimed that ameliorating effect of hom viburnum opulus Q in primary dysmenorrhea. Homeopathic medicines don't block any sympathetic mechanism of body it doesn't inter with pain signals it just stimulate the body's natural mechanism. VOMT has chemical component present which produces spasmolytic action hence relaxation of vessels takes place due to presence of valerianic acid responsible for pain sensitivity

Method-Phase-2, prospective, single blind study was carried out in BV Homeopathic Hospital, Pune. Female aged between from 15-30-year-old. The patients were informed and enrolment with the consent was taken & all the 30 cases with their 5 follow ups according to patients' monthly cycle were taken. VOMT was prescribed on the basis of symptoms of dysmenorrhea. Changes in pain intensity, frequency & disappearance of symptoms with changes in quality of life were noted.

Result- The final results showed that Hom mother tincture Viburnum opulus significantly p value > 0.05 No any adverse effect of the administration of VOMT was reported. Hence Hom VOMT could be considered as a therapeutic uterine tonic for treatment of spasmodic dysmenorrhea. VAS score and WaliDD scale Was used the effectiveness of treatment **Wilcoxon Matched Pairs Test** was used.

Conclusion- The aim of the study was to evaluate the effects of Viburnum opulus homeopathic mother tincture supports overall alternative hypothesis results showed that Viburnum opulus curative effects in reducing intensity of pain.

KEYWORDS : Viburnum Opulus (VO), Homeopathy mother tincture, (MT) Dysmenorrhea.

INTRODUCTION

Homeopathy is based on cardinal Doctrine "similia similibus curantur". It leads logically & systematically experimentation, using homeopathic drugs upon healthy, living substance, which determines natural tissue relations when administered; and its curative effects produced through a process known as Drug proving or in other words homeopathic Pathogenetic trials. Homeopathy has excellent scope in obstetrics' and gynaecological conditions. But there are only ample of clinical researches done on gynaecological and obstetrics condition. Some of the literature reviews resulted that Hom.⁽¹⁾ Remedies were effective in treatment of gynaecological conditions like menstrual complaints, menopausal syndrome, ovarian cyst, and discharges from vagina; to induce labour certain drugs were used.⁽²⁾ In spite of doing research trials we are lacking in strengthening our Hom science as evidence based. So, there is a need to conduct good quality of researches in all the area where homeopathy has its own scope. Recent prevalence rate studies show⁽³⁾

Every female experiences pubertal developments the period of adolescence from childhood to adult life. Pubertal development, changes in Hormones, Physical development, Psychological and physiological changes occurred and hence menarche. Menstrual cycle is the period where changes occur in uterus, normal cycle consist of four phases. Dysmenorrhea is well-defined from the Greek word Dys- meaning difficult/painful/abnormal; men meaning month and rhea meaning flow. Cases of recurrent painful menstruation of sufficient extent so as to weaken daily activities.⁽⁵⁾

Primary dysmenorrhea or spasmodic dysmenorrhea is the most common type, which is not associated with pelvic pathology. it greatly takes place in younger women but may last until the fifth decade of life.⁽⁵⁾

It is stated that the prevalence of primary dysmenorrhea is between 16% to 90% in reproductive ages⁽⁶⁾ Hence, few of them present with Polymenorrhoea that is menstrual cycles varies from 21-25 days, and few complains oligomenorrhoea in this monthly menstrual cycle are irregular for longer length almost 35 days. According to Dawood 2008 in his systematic review study prevalence rate is higher around 70% in adolescent's girls i.e. seventeen years of age and remaining 30%⁽⁷⁾

Pathophysiology-

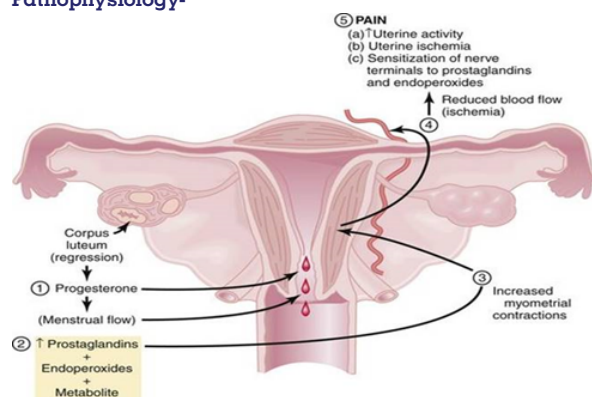


fig 1 Pathophysiology of uterine bleeding

Increased prostaglandins, - → vasopressin and leukotriene in the endometrium results in dysmenorrhea.

Pain is described as sharp, intermittent and spasmodic with severe cramping pain and can be classified as

Mild (does not affect daily activities), - → moderate (slightly interferes with daily activities) → severe (prevents daily activity)

Pain starts several hours before or with onset of menses and last for 1-3 days.⁽⁸⁾

Clinical features-

- lower abdomen pain spasmodic type, radiates to lumbar region lower back ache
- pain in medial aspects of thigh
- Systematic discomforts – fatigue, weakness, nausea with vomiting, Abdominal discomfort like diarrhea, constipation,

Young age group is more involved with the 90% of prevalence rate. Among them forty % of school going girls and working females couldn't perform there day to day activities during menses. History of complaints rather than was considered the most to diagnosed dysmenorrhea .in the management of dysmenorrhea cases N-SAIDS are keystone⁽⁵⁾ Along with that other treatment include OC pills those who requires hormonal therapy. Other treatment regimens are holistic treatments acupuncture, yoga, Ayurveda treatment, homeopathic medicines and lastly surgery had been studied, but the unconventional treatments demand long-term consultations. In homeopathy literature there are certain remedies which are indicated for female womb complaints especially dysmenorrhea, amenorrhea, metrorrhagia, while in clarks Materia medica remedies were mentioned as applicable in various menstrual complaints, yet there are few of them recollected in mind at the time of case taking and we use one from them, VO has special affinities on female genital organ, so it can be used as rejuvenator of the organ by using it in hom mother tincture form. ⁽¹⁰⁾ Many physicians like J H Clarke, Burnett, Boger and R T cooper, Dr hale had shared their experiences on importance in selecting organopathic remedies where there is lack of causations and miasms are rare or not available. Dr hale 1880 edition of therapeutic Materia medica in reference to Clarks Materia medica, he was the one who had emphasized on spasmolytic properties of viburnum and Its hidden treasure as therapeutic properties in female complaints. in his experience he didn't find one single case dysmenorrhea giving no relief to patient. **Active ingredients include in VO A** coumarin – Scopolamine, Scopoline, Viopudial, Catechins, valerianic acid, Viburnin – acts on uterus and peripheral vasculature. **ACTIONS-** Anti-inflammatory, smooth muscle anti-spasmodic, anti-abortive, astringent, sedative.

Phytochemical constituents –Diterpenoid's, polyphenols, iridoid anti-inflammatory activity

2. MATERIALS AND METHODS

2.1 Theoretical Study:- this topic was done from various books, high quality preview Homoeopathic journals, research journals, Researchh done till date and authentic internet search through websites, Google Scholar, Pub Med etc.

2.2.1 Case Definition: -Minimum 30 Cases fulfilling following criteria's;-

Great sickish feeling, pain beginning in the back and going around to loins.

Ending in cramps in uterus before the onset, severe bearing down sensation and drawing pain in anterior muscles of thigh during menses; nausea; great nervous restlessness
<movements. >lying down

INCLUSION CRITERIA: -

Patient fulfilling case definition.

Age-15 to 30 years.

A patient complaining of dysmenorrhea symptoms & menstrual cramps persisting for the past six months.

Patients with regular menstrual cycle ranging from 21 to 35 days, scanty average bleeding during menstrual flow.

EXCLUSION CRITERIA:

Patients not fulfilling case definition.

Patients below 14 years and above 30 years of age.

Patients Diagnosed gynecological Pathological conditions.

2.2Study Design: -single blind Prospective case study/ observational, randomized study in Bharati Vidyapeeth Homoeopathic Hospital from (18 months).

The patient will be informed and enrolment with the consent were taken and all the 30 cases with 5 follow ups were recorded in respective OPD of BVDUHMC and Peripheral OPD as well.

2.3 Selection of Potency & Repetition of Doses: -In the study homeopathic mother tincture was prescribed. Prescription was based upon the guidelines given by source book and HPI VOL 8 and. first follow ups were taken within 7 days to monitor the patient followed by assessment of the case. Homeopathic Medicines manufactured by standard Homoeopathic pharmacy, which are GMP certified, as per norms of Homoeopathic pharmacopoeia of India (HPI), will be used in required potencies. Drug was administered orally only.

2.4 Toxicity of tincture: -viburnum oppulus tincture had no toxic effects reported.

Common symptoms like vomiting, and diarrhea have been reported with large doses 60 -75 drops taken hourly. Even these large doses, however often tolerated with no side effects or problems.

3. Clinical Protocol: Data was collected by proper method and had been processed in a standardized format. ICMR (Indian council of medical research) guidelines were followed in this study. 'Ethics Committee' & sanction the research project. Patient was selected on basis of case definition. Details of the research work was explained to the patient and their informed consent form was taken. Records of all cases in detail as per standardized case proforma was maintained along with follow up.

3.1 Criteria of assessment: -

Response Assessment, was depend mainly on the Basis no of relief in the symptoms of condition up to 5 cycles. for assessment the effect various scales like, VAS Visual assessment scale, WaLIDD pain score assessment tool and questioner Related to menstruation were used.

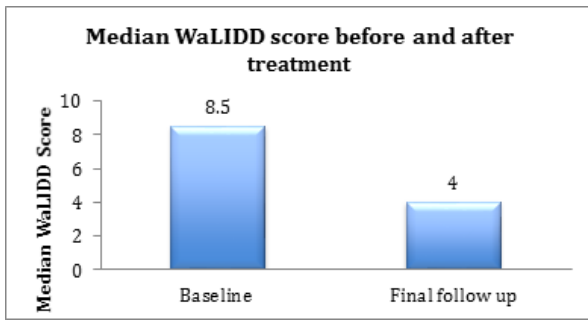
Current, best and worst pain experienced over the past 24 hours.

Statistical techniques & data analysis- help of computerized software's programme Microsoft EXCEL 2007. Student pair and student paired T test will be used to represent the data analysis.

3. OBSERVATION AND RESULTS

Total 30 patients (n=30) were selected based on the age group of 15-30 years. Out of which 13.33% of the patients belongs to age class 15-17yrs, 36.67% belongs to age class 18-20yrs, 36.67% belongs to age class 21-23yrs and 13.33% belongs to age class 24-25yrs. The P value is <0.0001.

Pie chart 1: Distribution of patients according to Age n=30



f: Frequency

Table 1: Descriptive statistics of VAS score at baseline and at final follow up

VAS score	Median ± SD	Z-value	p-value	Decision
Baseline	8±1.155	4.7821	0.000**	Reject H ₀
Final follow up	3±1.984			
Difference	5± 1.617	Difference is Highly Significant		

Test used: Wilcoxon Matched Pairs Test, **: Highly Significant Difference, Z-value: Test Statistic value

Above table and graph shows that before treatment median VAS score was 8±1.155, on final follow up median VAS score was decreased to 3±1.984. As the data do not follow normal distribution, to check the effectiveness of treatment Wilcoxon Matched Pairs Test was used.

Table 2: Distribution of the patients according to descending order of WALIDD total symptoms observed

WALIDD TOTAL SYMPTOM	f	%
PAIN	30	100.00%
LOWER ABDOMEN	30	100.00%
WEAKNESS	27	90.00%
NERVOUSNESS	27	90.00%
THIGHS	26	86.67%
MOOD SWINGS	26	86.67%
LOWER BACK	24	80.00%
BLOATING AND CONSTIPATION	20	66.67%
TENDERNESS AND SORENESS IN BREAST	20	66.67%
LOSS OF APPETITE	18	60.00%
LEUCORRHEA	15	50.00%
HEADACHE	15	50.00%
NAUSEA	12	40.00%
ITCHING OF BREAST	12	40.00%
DIARRHOEA/loose stools	10	33.33%
VOMITING	10	33.33%
ACNE ON FACE	10	33.33%
LEGS	3	10.00%

DISCUSSION

VOMT was highly successful in management of primary dysmenorrhea when the VOMT was taken before or just commencements of flow during menses and continued until pain resumes. In context to my study data wasn't follow normal distribution so the Wilcoxon non parametric test correlation and regression statistical analysis showed there is disturbance in quality of life females during menstrual period. Verbal pain scale, WaLidd the novel Tool helped to conclude study. Homeopathic Q preparations of Viburnum opuls distinguished from herbal extract preparations.

Although study had been resulted viburnum has no any toxic constituents, however, there were no any considerations for this particular remedy. This study had come up with the confidence for use of Viburnum opulus as uterine tonic. Dr

Hale: "The physician finds a remedy for any painful disorder is a public benefactor. The physician who shall find a remedy for painful will have the blessings of thousands of suffering women"

Hence the title-

Ameliorating effect of viburnum opulus tincture on spasmodic dysmenorrhea.

To Ameliorate – improve, make better, ease, relieve, cure, & heal.

CONCLUSION

The objective of the study was to assess the effect of Viburnum opulus homeopathic mother tincture on females with primary dysmenorrhea between the age group 15-30. The results of this study prospective study clinical trial supports the alternative hypothesis the overall results showed that Viburnum opulus homeopathic mother tincture taken as 5 drops thrice a day and in repetition 2 hourly and as per patients requirement. And it was more effective treatment of pain in primary dysmenorrhea. The results of the study suggest that therapeutic effect of homeopathic mother tincture Viburnum opulus was effective in reducing the intensity of menstrual pain in females. Viburnum opulus further appeared to have an accumulative therapeutic effect as the incidence of dysmenorrhea significantly decreased. Therefore the null hypothesis cannot be accepted.

Conflicts Of Interest

Author declares there is no any reported conflict of interest.

Source Of Funding

Author declare that this study received no funding

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