



A REPERTORIAL APPROACH TO PREMENSTRUAL SYNDROME THROUGH REPERTORY OF HOMOEOPATHIC MATERIA MEDICA BY J.T KENT

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ABSTRACT Premenstrual syndrome (PMS) is a cyclic condition characterized by physical, psychological, emotional, and behavioral symptoms occurring during the luteal phase of the menstrual cycle. It may affect women's daily activities, academic performance, occupational functioning, and quality of life. Its exact etiology remains unclear, and diagnosis is based primarily on clinical history and prospective symptom recording. In homoeopathy, Kent's Repertory of the Homoeopathic Materia Medica along with premenstrual questionnaire provides a systematic method in cases of premenstrual and menstrual symptoms. Kent repertory provides relevant rubrics related to premenstrual syndrome in chapters such as Mind, Sleep, Chest, and Abdomen. These rubrics may assist individualized case analysis and remedy selection based on the totality of symptoms. Further well-designed clinical studies are needed to establish the effectiveness and safety of homoeopathic treatment for PMS.

KEYWORDS : Premenstrual Syndrome, Kent's Repertory, Homoeopathy, Repertorization

INTRODUCTION

- Premenstrual syndrome occurs most common in reproductive age group. Premenstrual symptoms complex recognized primarily by cyclic changes associated with ovulatory cycle. (Howkins and Bourne 2020)
- It occurs 7-14 days prior to menstruation and resolves after menses (Howkins and Bourne 2020)
- It's physical, psychological and behavioral changes not associated with organic lesion. (Howkins and Bourne 2020)

Prevalence

- The prevalence of PMS as much as 99.5% of adolescents had at least one premenstrual symptom. The cause of PMS is unknown with certainty, it is estimated influencing by biological, psychological, and social environments. Biological factors include hormonal imbalance, abnormal neurotransmitter response (Kustriyanti, D., & Rahayu, H. (2020)

Etiology

- Exact cause of pumps is not known but it has represented a syndrome which is result of multiple biochemical abnormalities. (Howkins and Bourne 2020)
- **Following Cause are,-**
 1. Estrogen excess or progesterone deficiency in the luteal phase (Howkins and Bourne 2020)
 2. Increased carbohydrate intolerance in luteal phase (Howkins and Bourne 2020)
 3. Pyridoxine deficiency-this vitamin plays a role in estrogen synthesis & role in dopamine & serotonin production. (Howkins and Bourne 2020)
 4. Increased production of vasopressin, aldosterone, prolactin, & systemic prostaglandin which adversely affect renal function & contribute to water retention & bloating. (Howkins and Bourne 2020)
 5. Fluctuation in opiate peptide concentration affecting endorphin level. However, bio chemical estimation do not bear these out. Hence, at present it is not yet clear whether PMS is an abnormal response to normal hormonal fluctuation or a result of hormonal abnormalities. (Howkins and Bourne 2020)
 6. Low level of b-endorphins (neurotransmitters) in the brain & low level of serotonin is probably responsible for psychiatric disorders. (Howkins and Bourne 2020)

Signs and Symptoms

- Sadness
- Anxiety
- Anger
- Irritability
- Labile mood (D R Rubinow, P Roy-Byrne (1984))
- **Cognitive**
 - Decreased concentration
 - Indecision
 - Paranoia

- "Rejection sensitive"
- Suicidal ideation (D R Rubinow, P Roy-Byrne (1984))
- **Pain**
 - headache
 - Breast tenderness
 - Joint and muscle pain (D R Rubinow, P Roy-Byrne (1984))
- **Neurovegetative**
 - Insomnia
 - Hypersomnia
 - Anorexia
 - Craving for certain foods
 - Fatigue
 - Lethargy
 - Agitation
 - Libido change (D R Rubinow, P Roy-Byrne (1984))
- **Autonomic**
 - Nausea
 - Diarrhea
 - Palpitations
 - Sweating (D R Rubinow, P Roy-Byrne (1984))
- **CNS**
 - Clumsiness
 - Seizures
 - Dizziness
 - Vertigo
 - Parasthesia
 - Tremors (D R Rubinow, P Roy-Byrne (1984))
- **Fluid/Electrolyte**
 - Bloating
 - Weight gain
 - Oliguria
 - Oedema (D R Rubinow, P Roy-Byrne (1984))
- **Dermatological**
 - Acne
 - Greasy hair
 - Dry (D R Rubinow, P Roy-Byrne (1984))
- **Behavioral**
 - Decreased motivation
 - Poor impulse control
 - Decreased efficiency (D R Rubinow, P Roy-Byrne (1984))

Diagnosis

- Diagnosis depends on history & careful questioning. Term – portal correlation of symptoms with the premenstrual phase of the cycle as documented in a menstrual diary helps to arrive at a rational diagnosis. (Howkins and Bourne 2020)
- No organic pelvic lesion is detected & no definite test is available to conform the diagnosis. (Howkins and Bourne 2020)

Assessment Criteria

- Response will be analyzed in to 3 criteria. Premenstrual syndrome scale can be taken for assessment to know the severity of patient

- and know the prevalence of PMS. (Sankar, S. R. (2014))
- Premenstrual syndrome scale comprised 40 questions with three sub scale (physiological, psychological and behavioral symptoms) this scale consisting of 40 items. (Sankar, S. R. (2014))
 - the measurement of scale is set according to the following scoring system - The response never was scored as -1
Rarely as -2
Sometimes as -3
Very often as -4
Always as -5

[Table -1]

Level Of Symptoms	-	Actual Scores	Percentage of Scores
No Symptoms	-	1- 40	< 20
Mild Symptoms	only slightly apparent	41 – 80	21 -40
Moderate Symptoms	aware of symptom, but it doesn't affect daily activity at all	81 – 120	41- 60
Severe	continuously bothered by symptoms	121 – 160	61 -80
Very Severe	symptom is overwhelming and /or interferes with daily activity and /or interferes with daily activity	161 - 200	> 80

Physical Examination

- There is no specific finding on physical examination in women with PMS. Physical examination might be useful in ruling out other entities, such as endometriosis. (Dilbaz, B., & Aksan, A. (2021))

Laboratory Findings

- There is no specific biochemical or any other tests to diagnose PMS. Daily gonadotropin and sex steroid serum concentrations are not different from women with and without PMS. Thyroid tests might be useful in order to exclude hypothyroidism (Dilbaz, B., & Aksan, A. (2021))

Homoeopathic Menegment

- **Kali Carbonium**
- Premenstrual syndrome with violent colicky pains in uterus, stitching pains in breasts, severe uterine spasms, feeling of heat and restlessness.
- Thermal - Chilly.
- Food desires - Sour; sour and sweets; sugar.
- Food aversion - Bread; meat.
- General aggravation - Open air; after coition; lying on side; before menses; beginning of menses; during menses; sitting erect; touch.
- General amelioration - Warm bed (Deshpande, R. (2021))
- **Calcarea Phosphorica**
- Premenstrual syndrome with increased sexual desire; breasts feel sore and large.
- Thermal - Chilly.
- Thirst - Thirstless.
- Food desires - Bacon; meat; ham; indigestible things; smoked meat; pork; refreshing things; salt; tobacco.
- Food aversion - Milk.
- General aggravation - Open air; physical exertion; before menses; motion.
- General amelioration - Lying; warmth of bed. (Deshpande, R. (2021))
- **Pulsatilla Nigricans**
- Premenstrual syndrome with soreness and pains in breasts.
- Thermal - Hot.
- Thirst - Thirstless
- Food desires - Spicy.
- Food aversion - Butter, fatty food; fruits; meat.
- General aggravation - Wetting feet, lying; before menses; during menses; sitting; stretching limbs.
- General amelioration - Discharges; slow gentle motion. (Deshpande, R. (2021))
- **Sepia Succus**
- Premenstrual syndrome with soreness and redness of vulva and uterine colic.
- Thermal - Chilly.
- Thirst - Thirstless.
- Food desires - vinegar; wine. Whisky; nuts; pickles; sour with sweets; sweets;

- Food aversion - Bread; fatty food; meat; milk; salt.
- General aggravation - Bathing; bending backward; after coition; lying in bed; before menses; during menses; after menses; increasing moon; decreasing moon; after motion; music; rest; riding cars; riding horseback; massage; sitting; standing; stooping; stretching of affected part; touch.
- General amelioration - Crossing of limbs; violent motion; running; walking fast. (Deshpande, R. (2021))
- **Lachesis**
- Premenstrual syndrome with palpitations and sensation of heat, with desire to run out in open air.
- Thermal - Hot.
- Thirst - Thirsty
- Food desires - Alcohol: beer, whisky, stale hy food; fruits, indigestible things, lemonade, oysters, pickles, sour.
- Food aversion - Bread, cooked food, tobacco.
- General aggravation - Hot bathing; pressure of clothing, jar, lying on painful side; before menses: beginning of menses; after menses. pressure; slight touch,
- stools. General amelioration - Discharges; during menses; after loose (Deshpande, R. (2021))

Role of Kent Repertory in Homoeopathy

Kent Repertory of Homeopathic Materia Medica

- Author- Dr J.T Kent
- Kent repertory of homeopathic Materia medica is arranged alphabetically. Rubric are arranged general to particular. Kent repertory based on philosophy of deductive logic. That is from general to particular (Tiwari, S. K. (2007))

Construction of Repertory

- Total number of medicines covered according to abbreviations list is 689 (some gives the number as 682) (Khanaj, V. R. (2006))

Gradation of Repertory

- Bold
>
- *Italics*
- Roman (Khanaj, V. R. (2006))

Adaptability

- Kent repertory is popularly used in all chronic as well as in acute cases for prescribing proper similimum (Khanaj, V. R. (2006))
- This repertory is most useful in cases where generals are prominent, where symptom is well defined and qualified with modalities, sensation etc. (Khanaj, V. R. (2006))

[Table - 2]

NO	CHAPTER	RUBRIC	SUB RUBRIC
1	Mind	Anxiety	Menses Before
2	Mind	Anxiety	Menses During
3	Mind	Company, Aversion To	Menses During
4	Mind	Despair	Menses Before
5	Mind	Excitement, Alternate With	Menses Before
6	Mind	Fear, Death Of	Menses Before
7	Mind	Forgetful	Menses During
8	Mind	Irritability	Menses Before
9	Mind	Irritability	Menses During
10	Mind	Nymphomania	Menses Before
11	Mind	Restlessness	Menses Before
12	Mind	Sadness	Menses Before
13	Mind	Weeping	Menses Before
14	Mind	Weeping	Menses During
15	Sleep	Sleeplessness	Menses Before
16	Sleep	Sleeplessness	Menses During
17	Chest	Pain, Mamme	Menses Before
18	Chest	Pain, Mamme	Menses During
19	Chest	Swelling, Mamme	Menses Before
20	Abdomen	Heaviness	Menses Before
21	Abdomen	Heaviness	Menses During
22	Head	Pain	Menses Before
23	Stomach	Appetite Increased	Menses Before
24	Stomach	Appetite Increased	Menses During
25	Stomach	Nausea	Menses Before
26	Stomach	Nausea	Menses During
27	Stomach	Vomiting	Menses Before
28	Stomach	Vomiting	Menses During
29	Generalities	Menses	Before
30	Generalities	Menses	At Beginning Of

31	Generalities	Weakness	Menses Before
32	Skin	Eruption	Menses Before
33	Skin	Eruption	Menses During
34	Genitalia Female	Congestion	-
35	Genitalia Female	Pain	Menses before

(Kent, J. T. (2016)

CONCLUSION

- Premenstrual syndrome is a multifactorial condition that may affect the physical, emotional, psychological, and behavioral well-being of women of reproductive age. Its diagnosis relies primarily on the cyclic nature of symptoms, a detailed clinical history, and prospective symptom recording, along with the exclusion of other relevant medical conditions. Kent's Repertory offers a systematic framework for classifying symptoms associated with the premenstrual and menstrual phases, particularly through relevant rubrics in the Mind, Sleep, Chest, and Abdomen chapters. In traditional homoeopathic practice, these rubrics may support individualized case analysis and remedy selection based on the totality of symptoms rather than isolated complaints. However, repertorial usefulness should be distinguished from demonstrated clinical effectiveness. The role of Kent's Repertory in PMS management requires further systematic evaluation through well-designed clinical studies using validated symptom scales, appropriate comparison groups, and quality-of-life measures. Evidence-based assessment is essential to determine individualized homoeopathic treatment.

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