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HOMEOEPATHIC MANAGEMENT OF PRIMARY DYSMENORRHEA WITH MAGNESIUM GROUP OF REMEDIES

Homeopathy

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ABSTRACT

Painful menstruation with no pelvic deformity is said as Primary dysmenorrhea. It is very common condition among most of the women but often underdiagnosed or over looked as many females does not take medical support. Many of the young female adults are reported to suffer from primary dysmenorrhea leading to frequent absenteeism at schools and working place. Positive family history and sedentary life style are the major risk factors. severe abdominal pain associated with nausea, vomiting, bloating of abdomen, headache are common clinical features A prospective clinical study has been done by prescribing magnesium group of remedies for the sample size of thirty.

KEYWORDS

Primary Dysmenorrhea, Magnesium Group of Remedies, Sedentary Lifestyle, Prospective Clinical Study

1. INTRODUCTION

Painful menstruation with no pelvic deformity is said as Primary dysmenorrhea. It is presented with sever to moderate spasmodic type of pain in lower abdomen at the commencement of menses or just before the commencement of menses. It is very common condition among most of the women but often underdiagnosed or over looked as many females does not take medical support. Many of the young female adults are reported to suffer from primary dysmenorrhea leading to frequent absenteeism at schools and working place. Primary dysmenorrhea is more prevalent in the females who are in childbearing age around 45 – 95 percent of women are been suffering. 2 – 29 percent encounter severe pain. 70 – 90 percent of the women suffering from dysmenorrhea are less than age of 24 years.

Risk factors include-Early menarche: Attaining menarche before age of 10 years ,Sedentary life style ,Food habits: Eating lots of junk ,fatty and refined, processed food, Family history: Having positive family history of primary dysmenorrhea, Health issues: Having any other systemic illness, Mental health: Emotional trauma, Stress and tension ,Depression ,Anxiety and panic attacks ,Post traumatic disorder, Usage of excessive cosmetics and perfuses which causes the hormonal imbalance which may be the other contributing factor for primary dysmenorrhea, Excessive consumption of tobacco, alcohol, caffeine and excessive smoking and substance abuse.

Signs and symptoms include lack of concentration, Anxiety, Frustration, Weeping tendency, No desire to do any work, Vertigo, Headache, Heaviness of head, Acne, Nausea, Vomiting, bloating of abdomen, Eructation's, Heaviness in the abdomen, Abdominal pain during menses -spasmodic type of pain, Soreness all-over body, Dull aching pain in thighs radiating towards lower extremities, Profuse weakness.

2. Differential Diagnosis And Diagnosis

Non Gynaecological conditions are Irritable bowel syndrome, any urinary tract infections, Interstitial cystitis, Some Musculoskeletal causes which include: the lumbosacral muscles, pelvic and hip muscles, sacroiliac joints, abdominal wall muscles.

2.1 Gynaecological conditions:

Pelvic inflammatory disease or sexual transmitted infections, Adenomyosis, Endometriosis, Endometrial polyps, Functional adnexal cysts, Adnexal torsion, Chronic pelvic pain.

Diagnosis:

Primary dysmenorrhea is diagnosed by detailed case taking which includes onset of the pain, Intensity of the pain, Duration of the pain, Character of the pain, Radiation of the pain, Family history.

Investigations:

To rule out all the conditions that belongs to chronic pelvic pain and secondary dysmenorrhea, Ultra sonography of abdomen is suggested.

Complications:

Primary dysmenorrhea has long term effect if proper medical therapy is not given, it may cause anxiety, panic attacks, leads to chronic absenteeism which impairs the productivity of the work and cognitive complications such as difficulty in taking any decisions, lack of concentration, depression.

Magnesium group of remedies have much affinity for spasmodic complaints. I have given magnesium carbonicum, magnesium muriaticum, magnesium sulphuricum, magnesium phosphoricum based on individuality of patient.

3. METHOD OF COLLECTION OF DATA

A prospective Clinical study design without control group. Purposive sampling done as per inclusion and exclusion criteria. Minimum Sample size taken was Thirty in number. Inclusion criteria are-Sample age ranges from 13-30 years, Sample of only unmarried female, Patients diagnosed with primary dysmenorrhea. Exclusion criteria are-Samples ranges below 13years and above 30 years, Patients with underlying disease like fibroid endometriosis, adenomyosis, chronic pelvic pain. Etc. Patients with any chronic disease or who had undergone major surgery and other systemic illness were excluded from the study. Primary and secondary data collected through a predesigned case sheet. Data analysis was done by collection of data done through priorly formed case sheet, collected data are recorded based on homoeopathic case taking, Analysis of data done based upon cardinal principles of homoeopathy. Totality of symptom derived after proper analysis & evaluation. Homoeopathic prescription is based on the totality of the patient's life span that includes illness, family history, constitution, temperament, miasmatic background, and peculiar symptoms of present illness. Follow-up is taken according to the prognosis and symptoms of the patient. Cases will be followed for a period of six month to one year. Prognostic criteria is based on the visual analogue scale (VAS) for pain. Statistical technique used for data analysis used is paired T test.

4. OBSERVATION & RESULT

Thirty cases diagnosed as primary dysmenorrhea with age limit of 13-30 years were included in this study. All these 30 cases were followed up for a period of 12 months and it is considered for statistical study. Following are the observations and results made from the study.

Thirty cases were distributed according to age group. Number of cases are more in age group 17-19 years (13 percent) followed by 13-16 years (percent), 13-16 years (percent) and 13-16 years (percent).

These cases were distributed according to remedy prescribed which are shown in Table 1.

Table No. 1: Distribution of the cases according to the remedy prescribed

S.No	Name of the Remedy	No. of cases	Percentage
1	Magnesium Carbonicum	11	37%
2	Magnesium Muraticum	04	13%
3	Magnesium Phosphoricum	11	37%
4	Magnesium Sulphuricum	04	13%

In the present study, 30 cases are distributed according to the remedy prescribed. Magnesium Phosphoricum is given to 11 cases (37 percent) followed by Magnesium Muraticum given to 4 cases (13 percent), Magnesium Carbonicum given to 11 cases (37 percent), Magnesium Sulphuricum is given to 4 cases (13 percent).

In the present study, marked improvement was achieved by 20 cases (66.66 percent), moderate improvement was achieved by 6 cases (20 percent) and mild improvement was achieved by 4 cases (13.33 percent). The cases were compared based on visual analogue score before and after treatment which are shown in figure 1.

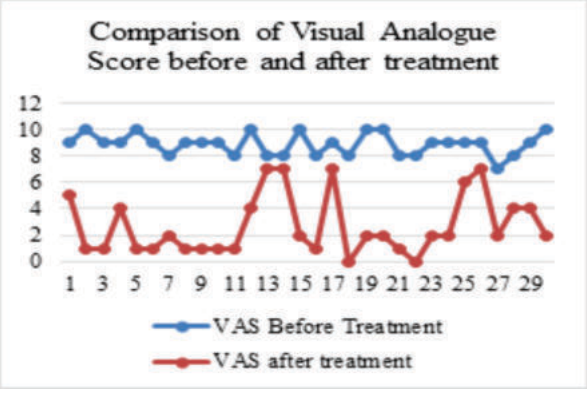

Figure 1: Comparison of Visual Analogue Score before and after treatment

In the present study, from the visual analogue response of cases before and after treatment, pain in all the cases is reduced significantly.

CONCLUSIONS

Primary dysmenorrhea is very casual complaint among the reproductive women which has too much impact on their day-to-day activities. Women who belong to the age group of 13 to 30 years often tend suffer from primary dysmenorrhea, which leads to cognitive complications in long term. But many females fail to take medical support as they do not think primary dysmenorrhea as a major problem though they suffer a lot with presenting complaints of primary dysmenorrhea. It is reported in many studies that women tend to be chronic absentees because of primary dysmenorrhea which has much impact on the work productivity leading to financial crisis and effect the national economy. In homeopathic system of medicine remedies are prescribed based on individualization of the patient which includes their mental generals, physical generals, modalities. Even in my study I have chosen the remedies on the principles of homoeopathic system of medicine. Through the results I have obtained from my study it can be conclude that magnesium group of remedies gives much improvement and satisfactory results in the treatment of primary dysmenorrhea.

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