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A Report on a Case of Primary Dysmenorrheoa

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Abstract- Period discomfort that does not have a structural gynaecological disorder is known as primary dysmenorrhea. It begins six to twelve months after menstruation, which is painless, and is quite common throughout puberty. Spasmodic lower abdomen discomfort is common, and this pain may spread to other areas of the body, such as the back or thighs. Consequences such as headache, lethargy, nausea, vomiting, diarrhea, or malaise often occur together. Sick women are more likely to produce endometrial prostaglandin, which raises uterine tone and causes more powerful and frequent painful contractions [1, 2 & 3]. Between 5% and 15% of women who have primary dysmenorrhea say that their symptoms make it difficult to go about their everyday lives[4, 5, 6] and that they have missed time at school or work because of how bad their symptoms are[7, 8, 9]. The standard approach to treating primary dysmenorrhea involves first trying nonsteroidal anti-inflammatory drugs (NSAIDs), and if that fails, then trying to suppress ovulation using a low-dose estrogen/progestogen oral contraceptive. A 23-year-old woman with severe primary dysmenorrhea was one of the cases recorded. Overall assessment of symptoms and reflexology led to the homoeopathic prescription of Pulsatila prantensis 30C. During the first cycle, her symptoms significantly subsided, and at the end of the fourth month, she was finally free from her pain and anguish. The success of homoeopathic therapy for severe primary dysmenorrhea is shown in this instance.

Key word- Case Report, Primary Dysmenorrhoea, Secondary dysmenorrhoea, Prostaglandin,

Introduction-

The most prevalent source of pelvic pain in women is dysmenorrhea, which is characterized as painful. Dysmenorrhea is a menstrual disorder whose incidence varies greatly, from 16.8% to 81%, and which is considered to be severe enough to interfere with daily life.[1] With 90% confirmed, it's high.among the two most prevalent gynecologic disorders There are two main types of dysmenorrhea: primary (spasmodic) and secondary.dysmenorrhea (excessive). When structural gynaecological illness is not to blame, primary dysmenorrhea often begins in puberty, six to twelve months following painless menstrual cycles, reaches its peak in the late teens or early twenties, and persists throughout adulthood. Except in cases of congenital defects, secondary dysmenorrhea often manifests in women's twenties or thirties as a symptom of pelvic inflammatory disease (PID), endometriosis, or uterine fibroids.3, **4, and 5. Case Report**

A 21-year-old female patient (Ms. B. J., Reg no-18/10056) complained of dysmenorrhea for the last three years when she visited the outpatient department of Srigananagr Homoeopathic Medical College and Hospital in Sriranganagar. She began experiencing crampy lower abdominal discomfort, nausea, and vomiting one to two days before her period began and persisted for three to four days thereafter. The patient's medical history. At the age of fifteen, she began experiencing symptoms three years after reaching menarche. I had nausea, cramps, and lower abdominal discomfort beginning one to two days before to the first day of my period and continuing for the following three to four days. Experiencing discomfort in both the lower back and the lower abdomen. When menstruation started, the nausea became worse. Occasionally, vomiting would follow. After every vomiting episode, I felt agitated, my hands and feet were numb, and my whole body became chilly. The mere aroma of food made her sick to her stomach. Dysmenorrhea made her scared to eat, even though she was hungry. Any bigger quantity made her sick, so she could only eat little meals.when consumed on an empty stomach. Menstruation was also associated with a fullness sensation and incomplete defecation. The patient's concern was further heightened by the fact that her menstrual cycle lasted 26-30 days. She spent three to five days in bed, utterly uninterested in anything—talking, eating, or working—and was unable to leave the house to study.

Analgesic injections and intravenous infusion of normal saline were used throughout many hospital stays that occurred during menstruation.

Past history

The patient had neonatal jaundice and was admitted for 4 days. Her mother had developed hypertension during pregnancy and was under medication. Her milestones were normal. Vaccination was done on time and uneventful. **Family History**

Father has Gout and mother is hypertensive.

Physical Generals

Thermal reaction- Towards chilly

Appetite- Reduced, disinclination to eat generally and particularly during menses Digestion- Week feels full on eating small amounts

Thirst- hardly one litre per day,

Stool- Constipation with hard stools and sensation of incomplete evacuation especially during menses.

Urine- 3-4/0-1 D/N

Sleep- The patient did not feel refreshed in morning

Gynaecological History -

Menarche- at the age of 15 years

Cycle/ duration- 26-30 days/ 5 days, Flow was normal

Physical Examination- Her BP was 120/80 and pulse rate was 70/minute regular. Pallor was evident from face and conjunctiva. Her weight was 40 Kg and height was 162cm. No further abnormalities were detected on a brief examination.

Lab and Ultrasonography reports

On laboratory investigations her haemoglobin was 9 g/dL and her ultrasonography abdomen report was normal.

Treatment - The patient was reassured about the absence of structural gynecologic pathology. She was also advised balanced nourishing iron rich diet and increase in her water intake. A single suitable homeopathic remedy was prescribed on basis of totality of symptoms and repertorisation.

Medicine prescribed

Pulsatilla Pratensis 30C/3 Dose was prescribed, 1 dose early morning empty stomach for 3 days along with Placebo 30, BD for 7 days.

Follow up and outcome

First month follow up- The menstrual period started on 28th day. There was slight pain at lower abdomen, nausea and disinclination to eat before start of menses that lasted for 3-4 hours. Pain increased when flow began, the patient vomited twice till next morning. She only took water, avoided eating anything as she feared that vomiting might aggravate. There was nausea but no vomiting next day. She took liquid diet the next day. The patient continued to have constipation with feeling of unsatisfactory, incomplete evacuation. All other symptoms

were better.**Second month follow up-** The menstrual period started on 30th day. There was discomfort at lower abdomen before start of menses that lasted for 5-6 hours. The patient vomited once till next morning. She could take water and small amount of soup in dinner. There was nausea but no vomiting next day. Constipation and other symptoms were better. **Third month follow up**- The menstrual period started on 28th day. There was mild discomfort at lower abdomen before start of menses that lasted within 2-3 hours. There was nausea but no vomiting. She could take water, rice and lentils. There was no nausea or vomiting next day. Constipation and other symptoms were better.

Fourth month follow up- Menses started on time. There was mild discomfort at lower abdomen before start of menses. There was nausea but no vomiting on the first and second day of menses. She could take light food. All symptoms were better.

Fifth month follow up- Menses started on time. There was mild discomfort at lower abdomen before start of menses. There was no nausea or vomiting. Patient ate well during menses. All symptoms were better.

Sixth month follow up- Menses started on time. There was mild discomfort at lower abdomen before start of menses. There was no nausea or vomiting. Patient ate well during menses. All symptoms were better.

DISCUSSION

Homoeopathic materia medica and repertories were extensively studied to find the "Homoeopathic similimum" suitable for this case.

Rubrics taken for repertorization[15, 16 & 17]

Clipboard 1	puls.	nux-v.	sep	calc	phos.	sulph
	1	2	3	4	5	6
	7	7	6	6	6	6
	19	16	14	12	12	12
1. Mind - MILDNESS, disposition (90) 1	4	2	2	2	4	2
2. Abdomen - PAIN, abdomen... (128) 1	3	3	4	3	2	3
3. Stomach - NAUSEA, general... (62) 1	2	3	1	2	1	1
4. Stomach - VOMITING, gener... (17) 1	2	2	-	2	1	1
5. Female - DYSMENORRHEA... (24) 1	2	2	1	-	-	-
6. Female - DYSMENORRHE... (269) 1	3	3	4	2	2	3
7. Generals - AIR, general - op... (195) 1	3	1	2	1	2	2

Out of above medicines, Pulsatila Pratensis was most similar to this case.

Conclusion

Visit http://emedicine.medscape.com/article/253812 -overview for supporting documentation on this case. Information on the efficacy of homoeopathy was accessed on March 21, 2017. Meghan Hamilton-Fairley. Lecture Treatment for severe

primary dysmenorrhea is being noted. When it comes to obstetrics and gynaecology, homoeopathic medication is given based on the totality of symptoms and repertorization.Massachusetts, USA: Blackwell Publishing, Inc. Publication year: 2004. significant contribution to the treatment of acute primary Menstrual cramps. On dysmenorrhea, information is readily available. For further confirmation of the aforesaid results, it is proposed to conduct a research with a larger sample size over an extended-overview time period.

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