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A Prospective Study of Efficacy of Homoeopathic Similimum in Management of Menstrual Disorders in Unmarried Girls.

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ABSTRACT

Background: Menstrual disorders such as amenorrhea, hypomenorrhea, and menorrhagia, often exacerbated by PCOD, challenge many women. Increasingly, women seek homoeopathic remedies as alternatives to hormone treatments for managing these issues and improving fertility. Aim: To explore the efficacy of Homoeopathic similimum in the management of menstrual disorder in unmarried girls. **Objective:** To explore the efficacy of Homoeopathic similimum in the management of menstrual disorder in unmarried girls. To explore the common causes of menstrual disorder in girls. **Materials and methods**: This prospective case series study, conducted over 18 months at our Homoeopathic Medical College and associated camps, involved 30 unmarried girls aged 13-25 with menstrual irregularities. Result: Of the 50 patients studied, 45 showed improvement in menstrual symptoms, while 5 did not. Common causes identified were mental stress (18 patients), suppressed anger (3), and various other factors, with unknown causes in 11 patients. **Conclusion:** In our study we have found that maximum number of patients were having mental stress. Again we see the course of disease was sycosomatic and it was treated according to law of Similimum.

Keywords: Menstrual disorder, Unmarried girls, Homoeopathic similimum

INTRODUCTION

Menstrual cycle is defined as cyclic events that take place in a rhythmic fashion during the reproductive period of a woman's life. Menstrual cycle starts at the age of 12 to 15 years, which marks the onset of puberty. The commencement of menstrual cycle is called menarche. Menstrual cycle ceases at the age of 45 to 50 years. Permanent cessation of menstrual cycle in old age is called menopause. Duration of menstrual cycle is usually 28 days. But, under physiological conditions, it may vary between 20 and 40 days.

There are various types of menstrual disorders such as amenorrhea, hypomenorrhea, menorrhagia,oligomenorrhea, polymenorrhea, dysmenorrhea, metrorrhagia. [1]

Women under the age of 23 were the most likely to have menstrual irregularity. Menstrual irregularity was reported to be widespread in 35.7 percent of women in India.[2] A study in India indicated that 11.1% of adolescent girls, who presented with gynecological complaints of menstrual disorders, had Primary Amenorrhea.[3]

Women who suffer from PCOD produce a large amount of male hormones and this causes imbalance in female hormones which affect ovulation. In women with PCOS, ovaries are enlarged and contain multiple small According to the National Institute of Health Office of Disease Prevention, PCOS affects approximately 5 million women of child bearing age.. Many studies conducted show that PCOS is hereditary; women with family history of PCOS are 30% more likely to develop PCOS. According to study, PCOS is affecting approximately 6-7 percent of the population around the world. Prevalence of PCOS in India ranges from 3.7 to 22.5 per cent depending on the population studied and the criteria used for diagnosis.[4]

Life style trends like coffee / caffeine intake, physical activity, smoking, alcohol consumption, abnormal BMI and food have been closely associated to menstrual disorders. [5]. Stress can be a major contributor to, or cause of menstrual irregularities, and an association has been documented between stress and various menstrual irregularities including menorrhagia, oligomennorhea, dysmenorrhea, and PMS. In addition, a high incidence of menstrual problems has been observed in students studying medicine and health sciences. The majority of health science students reported that they are under continuous and chronic academic stress related to their studies and exams, resulting in negative health outcomes, including menstrual problems in females. [6].

The menstrual cycle, however, is not exclusively hormonally regulated but is also linked to complex CNS functions. Therefore, menstrual disorders can also be either triggered or masked by psychological factors. Because of the possibility of undesirable side effects, hormone substitution is not always the optimum solution to such problems. Thus, many women today are refusing hormone treatment and looking for therapeutic alternatives that are both better

tolerated and convincingly effective. In comparison to hormone substitution therapy, both phytotherapy and homeopathic remedies have proved quite effective in treating functional menstrual disorders and female infertility.[7].

Nowadays menstrual disorders have become quite common in unmarried women due to many factors. So the rationale of study is to find out the causes of mentrsual disorder young women and the utility of Homoeopathic medicines in the same.

MATERIAL AND METHODS

This prospective case series study aimed to evaluate the effectiveness of treatments for menstrual irregularities among unmarried girls aged 13-25. Conducted over 18 months, cases were collected from outpatient and inpatient departments of our Homoeopathic Medical College, as well as institute-organized camps. A sample of 30 cases was selected using a simple random sampling technique. Inclusion criteria encompassed unmarried females with menstrual disorders who consented to participate, while those excluded had amenorrhea due to pregnancy, menstrual issues from birth anomalies, significant co-morbidities, or refused consent. Participants were monitored for adherence and treatment efficacy using case record forms, and outcomes were assessed based on diagnostic criteria: "recovered" for complete relief, "improved" for partial relief, and "not improved" for no change.

RESULT

In 50 patients, 45 patients were improved as per their menstrual symptoms got better and 5 patients were not improved *(fig. 1).*

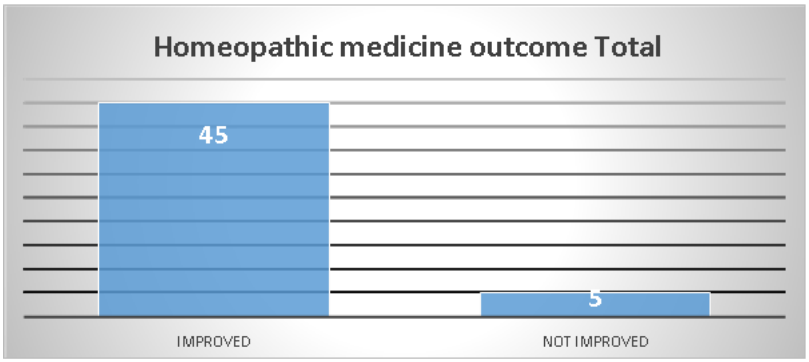

Fig 1: Homoeopathic medicines o utcome on basis of menstrual symptoms

In 50 patients, common causes of menstrual disorder were as follows:

Mental stress in 18 patients, Supressed anger in 3 patients, Anger in 1 patient, Disappointment in 4 patients, Domination in 3 patients, grief in 1 patient, failure in examination in 1 patient, stress about family's health in 1 patient, mental exhaustion in 1 patient, fear and anxiety in 3 patients, suppressed emotion in 2 patient. In 11 patients causes was unknown. *(fig. 2).*

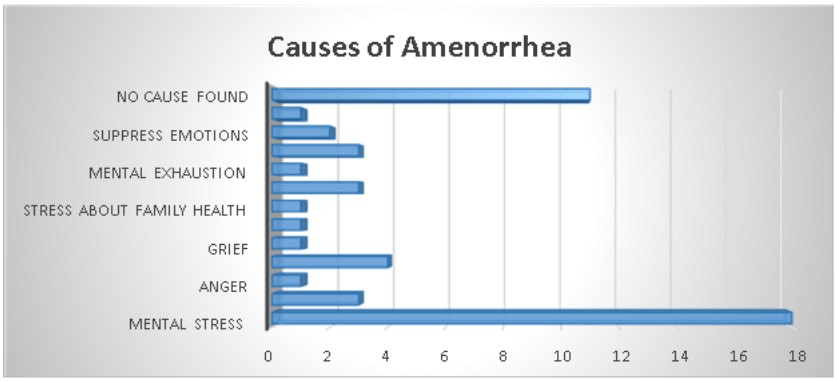

Fig 2: Causes of Amenorrhea in Females

DISCUSSION

This study investigates the efficacy of Homoeopathic similimum in managing menstrual disorders among unmarried females. We collected data from 50 patients suffering from menstrual irregularities, who were recruited through a simple random sampling technique from an OPD setup in Nashik. The study primarily focused on prescribing Homoeopathic remedies based on the totality of symptoms.

Our findings indicate that the highest incidence of menstrual disorders was observed in the age group of 21-25 years, highlighting this as a critical period for menstrual health issues (Fig. 5). Conversely, the least incidence was noted in the 30-35 age group, suggesting that menstrual irregularities may decline or become less noticeable with age.

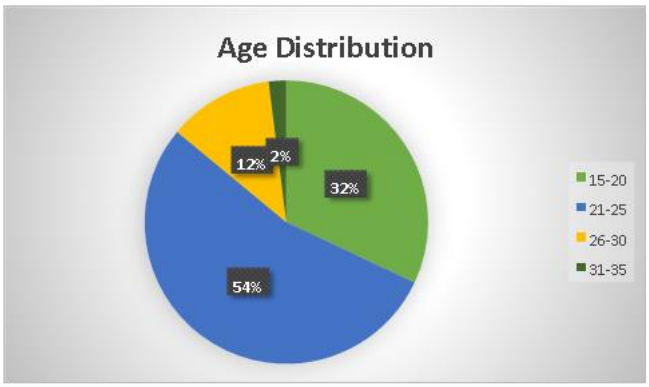

Fig 4: Age Distribution

Out of the 50 patients treated, 45 experienced improvement in their menstrual symptoms, indicating a positive response to the prescribed Homoeopathic remedies. This substantial improvement underscores the potential effectiveness of Homoeopathic treatment in managing such disorders. However, 5 patients did not show any improvement, suggesting variability in treatment response that may warrant further investigation (fig. 1). In 50 patients, common causes of menstrual disorder were as follows:

Causes	Total patient
Mental stress	18
Anger suppressed	3
anger	1
Disappointment	4
Grief	1
Failure in exam	1
Stress about family health	1
Domination	3
Mental exhaustion	1
fear and anxiety	3
Suppress emotions	2
Depressed	1
No cause found	11

Table no. 3: Causes of Amenorrhea in Females

The remedies most frequently prescribed were Calcarea carb and Natrum mur, each given to 7 patients, followed by Pulsatilla for 6 patients, Phosphorus for 4 patients, and Sepia, Lachesis, and Ignatia, each for 3 patients.

These findings suggest that these remedies are particularly relevant for addressing menstrual disorders in the studied population. The variation in remedy use reflects the personalized approach of Homoeopathic treatment, tailored to the specific symptom profiles of each patient.

Overall, the study supports the use of Homoeopathic similimum as a viable option for managing menstrual disorders in unmarried girls, although further research with larger sample sizes and diverse populations is needed to confirm and expand upon these results.

CONCLUSION

In our study we have found that maximum number of patients were having mental stress. Again we see the course of disease was sycosomatic and it was treated according to law of Similimum.

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