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Individualised homoeopathic treatment of menstrual distress in adolescent girls- A case series

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Abstract

Introduction: Menstrual distress is a broad term describing the constellation of physical, emotional, and behavioural symptoms that occur about menstruation and cause discomfort or disruption to daily life. These symptoms can include abdominal cramps, backache, breast tenderness, mood swings, irritability and sleep disturbances. This complex impact extends beyond pain alone and reflects the multifaceted burden that menstruation may impose. This case series brings forth eight adolescent girls suffering from menstrual distress, who were successfully treated with individualised Homoeopathy. **Case summary:** The results of this case series demonstrate a mean reduction in total Menstrual Distress Questionnaire (MEDI-Q) score from baseline to six months from 15.4 to 0.0. Complete recovery of dysmenorrhoea, physical or/and psychological distress associated with menstruation was seen in all eight cases. Causal relationship between homoeopathic intervention and clinical outcome was done using Modified Naranjo Criteria (MONARCH). Further, randomised controlled trial of larger sample size are needed to validate the results.

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CASE SERIES

Individualised homoeopathic treatment of menstrual distress in adolescent girls – A case series

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ABSTRACT

Introduction: Menstrual distress is a broad term describing the constellation of physical, emotional, and behavioural symptoms that occur about menstruation and cause discomfort or disruption to daily life. These symptoms can include abdominal cramps, backache, breast tenderness, mood swings, irritability and sleep disturbances. This complex impact extends beyond pain alone and reflects the multifaceted burden that menstruation may impose. This case series brings forth eight adolescent girls suffering from menstrual distress, who were successfully treated with individualised Homoeopathy.

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Keywords: Dysmenorrhea, Individualised homoeopathy, MEDI-Q, Menstrual distress

Introduction

Menstrual health is recognised as a key component of sexual and reproductive health, with significant implications for the physical, mental, and social well-being of individuals who menstruate. The menstruation cycle is one of the most important biological markers for women. It is characterised by predictable and recurrent fluctuations in oestrogen and progesterone. This cyclic experience may influence women's health through a variety of physical and psychological mechanisms leading to distress.¹

Menstrual distress is defined as a group of these negative symptoms correlated with menstrual cycle. The symptoms include pain, water retention, autonomic reactions, mental distress, impaired concentration, behaviour change and arousal.²

The estimated prevalence of premenstrual symptoms (PMS) in India ranges from 14.3% to 74.4% and accounts to be 49.6% in adolescents.³ A recent study shows the prevalence of PMS increased from 10% to 53% among female adolescents worldwide.⁴ The prevalence of moderate-severe PMS reported is 33.9%.⁵ The most common five symptoms of menstrual distress include cramps, fatigue, backache, swollen abdomen, and tender breasts.⁶ Other associated ones are mood changes and gastrointestinal disorders. A significant proportion of girls report that their menstrual issues affect their academic performance, physical health, and social engagement, with many of them missing classes or experiencing reduced concentration during their periods. Emotional distress negatively impacts their mental health and social relationships. Further, many

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students use over-the-counter (OTC) medications to manage pain.⁷ Most of the girls are unaware of the causes and treatments of these symptoms.⁸ Thorough clinical evaluation guides appropriate individualised intervention for menstrual distress.⁹ Clinical history includes menstrual history, pain characterisation, treatments undertaken, family history of dysmenorrhea, sexual history, and examination of all systems. In non-sexually active adolescents with no history of a systemic disease but typical of primary dysmenorrhea, a pelvic examination is not necessary, but abdominal examination should be performed.¹⁰ Imaging, such as ultrasound or magnetic resonance imaging (MRI), laparoscopy should be considered when there is no aetiology identified and there is failure of treatment with first-line medications.¹¹

Conventional drugs, NSAIDs, have a 25% failure rate and are associated with side effects.¹² Homoeopathy offers a unique holistic approach focusing on the complete well-being of a patient, rather than the removal of the most troublesome complaints.¹³ *Actea racemosa*, *Ignatia*, *Chamomilla*, *Sabina* and *Magnesium phosphoricum* are the reported remedies in treatment of premenstrual tension syndrome (PMT), premenstrual dysphoric disorder, PMT with hypersensitivity and irritability, hypermenorrhagia with dysmenorrhea respectively.¹⁴ A study reports significantly greater improvement of mean premenstrual scores in the active medicine group (0.443 to 0.287) compared to placebo (0.426 to 0.340); $p = 0.043$.¹⁵ One of the review article reports potential role of Homeopathy in alleviating symptoms of PMS.¹⁶ This case series presents role of individualised Homoeopathy in treatment of menstrual distress in adolescent girls using MEDI-Q outcome assessment score and outline the homoeopathic medicines used in combating it. Another reported study has validated the use of MEDI-Q tool in assessing menstrual distress and its impact on psychological wellbeing among English population.¹⁷

Methodology

This case series reports eight girls aged 13–17 years, visiting a medical room of Cambridge foundation school between 2023–2024 for symptoms related to menstrual distress. Detailed homoeopathic case taking was followed by repertorisation¹⁸ of symptoms from synthesis repertory¹⁹ using RADAR Software (Version 3.2.17). The symptoms of distress which were considered for repertorisation included cramps during menses, spasmodic pain during menses, bearing down during menses, weakness during menses, vomiting before menses, scanty menses, profuse

menses, bright red clotted protracted menses, weeping easily, angered easily, sensitive to noises, feeling sad before menses, changeable mood, anxiety before menses, pain in forehead during menses, sleep disturbed during menses, appetite diminished, appetite changeable, constipated ineffectual and frequent urging for stool, diarrhoea.

The similimum was selected after referring to the Clinical Materia Medica by JT Kent.²⁰ A single dose consisted of five pills in thirty number-sized globules of individualised homoeopathic medicine (centesimal potency) administered to the patient on the presenting day of complaint. The cases were followed up every month for six months. Menstrual Distress Questionnaire (MEDI-Q), a 25-item self-reported measure to assess menstrual pain and physical, emotional and behavioural symptoms, was used during each phase of the menstrual cycle. The scoring overview was based on frequency score (A) and distress scores (B,C,D). The frequency score indicates how often symptoms occur, and the distress score is the level of distress during menstrual, premenstrual and intermenstrual phase. MONARCH inventory for established causal attribution of the intervention was used.²¹ Written informed consent was obtained from the parents and assent from the participating girls for inclusion in this case series. The case series is unique in screening cases of menstrual distress and identifying the role of individualised Homoeopathy in setting treatment plans in such cases.

Case- 1

A 15-year-old girl visited the medical room of Cambridge foundation school, New Delhi, India, on 3rd July 2023 with a complaint of “severe cramping” in the lower abdomen, occurring specifically on the first day of menstruation - a pattern that had persisted when menarche commenced. She had been managing the pain with self-administered analgesics for one year. During menstruation, the patient experienced extreme anger and irritability, frequently resulting in fights. Menarche occurred at 11 years, establishing regular 28-day cycles. Her menstrual flow was profuse and bright red, lasting 4–5 days, with no intermenstrual bleeding reported. The patient maintained good nutritional status and felt chilly during menses.

Generals

Her appetite remained good with increased thirst and a strong desire for cold drinks. She demonstrated heightened sensitivity to loud noises and an unusual fear of sleeping in dark rooms.



2. Clipboard 2

- ▶ 1. MIND - ANGER - easily (78) 1
- ▶ 2. MIND - SENSITIVE - noise, to (255) 1
- ▶ 3. MIND - FEAR - dark; of (104) 1
- ▶ 4. GENERALS - FOOD AND DRINKS - cold drink, cold water - desire (276) 1
- ▶ 5. STOMACH - THIRST - extreme (242) 1
- ▶ 6. FEMALE GENITALIA/SEX - MENSES - copious (410) 1
- ▶ 7. FEMALE GENITALIA/SEX - MENSES - bright red (113) 1
- ▶ 8. ABDOMEN - PAIN - menses - during - agg. - cramping (68) 1
- ▶ 9. CHILL - MENSES - during - agg. (53) 1

	bell.	acon.	calc.	sep.	graph.	zinc.	nat-c.	phos.	nux-v.	caust.	ars.	ivc.	sulph.	nat-m.	puls.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9	9	9	9	9	9	9	8	8	8	8	8	8	8	8	8
19	17	17	17	16	14	12	20	17	16	15	15	15	14	14	16
(78) 1	1	1	1	1	2	2	1	2	3		1	3		1	1
(255) 1	3	3	2	3	3	3	2	2	3	2	2	2	1	2	2
(104) 1	1	2	2	1	1	1	1	2	1	2	1	2	1	1	2
(276) 1	2	3	2	2	2	1	2	3	1	2	3	2	1	1	1
(242) 1	2	3	3	2	2	2	2	3	2	3	3	2	3	3	1
(410) 1	3	2	3	2	1	2	1	3	3	2	3	2	2	3	2
(113) 1	3	1	1	1	1	1	1	3		2	1	1	1		1
(68) 1	2	1	1	2	2	1	1		2	2	1		3	2	2
(53) 1	2	1	2	3	2	1	1	2	2	1		1	3	1	3

Fig. 1. Repertorisation sheet of case 1.

Clinical findings

Lower abdominal pain was the primary complaint. The abdomen appeared soft and non-distended with mild suprapubic tenderness on deep palpation. No visible abnormalities were detected.

The vital signs were as follows: temperature 98.6 F, pulse 74/min and BP 120/90 mmHg. The patient was well-oriented with a mesomorphic built. At the baseline, MEDI-Q score was 15.

Therapeutic intervention

After a detailed case taking, symptoms were repertorised using Synthesis repertory in RADAR software (Version 3.2.17) (Fig. 1). The following symptoms were considered for analysis and evaluation: angered easily, sensitive to noises, fear of darkness, desire for cold drink, thirst increased, feeling chilly during menses, cramping pain during menses, menses profuse and flow bright red.

The top five medicines found upon repertorisation were (Fig. 1): *Belladonna* (19/9), *Aconitum napel-lus* (19/9), *Calcarea carbonica* (17/9), *Sepia* (17/9), and *Graphites* (16/9). *Belladonna* 200C was selected based on totality of symptoms (Table 1) including anger easily, sensitive to noise, menses copious, bright red, cramping pain during menses and chill during menses. The patient’s mental profile were in close proximity with the remedy profile. *Aconitum* appeared in repertorisation but was ruled out due to absence of restlessness. *Belladonna* 200C was prescribed in single dose, dispensed in globules (size 30). In this case, the onset of improvement in pain was within 1–2 hours after taking the dose.

Follow-ups and outcome

Six follow ups were recorded (Table 2). *Belladonna* 200C was prescribed on the presenting day and during the second follow up. The potency was increased

to 1M in the fourth follow up visit as “pain” and “irri-tation” continued to persist, though with less severity than baseline. No medicine was given on further visits as improvement was seen. No analgesics were taken during the reporting months. The changes in symp-tomatology and MEDI-Q score were elicited at each follow-up. Post treatment MEDI-Q score changed to “0” implicating marked improvement. The causal at-tribution was ascertained with the MONARCH score 8 (Table 3).

Case 2

A 15-year-old girl presented at the medical room of Cambridge Foundation school, New Delhi, India, on 8th July 2023 with squeezing pain in lower ab-dom- en. This was associated with clots in menstrual blood. The patient was not able to sit properly with marked weakness. She had a disturbed sleep last night, which was followed by headache in frontal region the next morning. Ever since her menarche at the age of 12 years, there were troubling episodes of abdominal pain with terribly disturbed pattern of sleep. Abdominal ultrasound done two months back was normal. Complete blood count including the Haemoglobin level was also reported normal. She experienced reduced appetite during menses. The character of menstrual flow was bright red with clots, though quantity was reported normal. She was also suffering from recurrent acidity and burning episodes in stomach, which would get relieved only after tak- ing cold drinks.

Generals

Her appetite had diminished, though she partic- ularly craved chocolates. The patient displayed a reserved nature, preferring solitude.

Table 1. Totality of symptoms and prescribed medicines.

Case No	Symptoms	Medicine prescribed
1	<ul style="list-style-type: none"> • Anger easily • Sensitive to noises • Fear of darkness • Desire for cold drink • Thirst increased • Feeling chilly during menses • Cramping pain during menses • Menses profuse • Flow bright red. 	<i>Belladonna</i> 200C
2	<ul style="list-style-type: none"> • Wants to be alone • Reserved • Appetite diminished • Desire for chocolate • Sleep disturbed during menses • Acidity better by taking cold drinks • Spasmodic pain in lower abdomen during menses. • Great weakness during menses • Pain in forehead during menses • Menses - clotted, dark colour. 	<i>Phosphorus</i> 200C
3	<ul style="list-style-type: none"> • Desires company • Weeping easily • Feels better from consolation • Thirst extreme • Desires sweets • Menses- scanty, regular • Vomiting before menses • Pain in abdomen during menses • Pain better by bending forward • History of recurrent fungal infection • Better by vigorous physical work 	<i>Sepia</i> 200C
4	<ul style="list-style-type: none"> • Talkative • Conscious of self-image • High self esteem • Sleep disturbed • Ineffectual and frequent urging for stool • Pain during menses • Bearing down sensation during menses • Menses- profuse, clotted, regular • Menses- prolonged last for 8 days 	<i>Platina</i> 200C
5	<ul style="list-style-type: none"> • Feeling sad before menses • Mood swings • Appetite changeable • Desire sweets before menses • Pain in back during menses • Pain better by warm application • Menses prolonged • Menses- red, clotted, copious 	<i>Ignatia</i> 200C
6	<ul style="list-style-type: none"> • Anxiety before menses • Anxiety from anticipation causing diarrhoea • Lacks self confidence • Appetite decreased. • Frequent headaches • Menses- protracted • Spasmodic pain during menses • Weakness during menses • Menses strain difficult to wash. 	<i>Natrum muriaticum</i> 200C

(Continued.)

Table 1. Continued.

Case No	Symptoms	Medicine prescribed
7	<ul style="list-style-type: none"> • Desire to be alone • Appetite diminished • Thirst much increased • Desire for cold drink • Cramping pain before menses • Bloating before menses • Nausea during menses • Menses- irregular • History of cauterization of warts on hands 	<i>Thuja occidentalis</i> 200C
8	<ul style="list-style-type: none"> • Obedient in nature • Aggravation from cold • Desire for sour food • Perspiration increased on hands. • Appetite decreased. • Pain during menses • Backache during menses • Weakness during menses. • Tenderness in breast during menses • Lack of vital heat 	<i>Kali carbonicum</i> 200C

Clinical findings

Abdominal examination showed localised, deep tenderness in the suprapubic area. Her physical shape was ectomorphic and following vitals were recorded on the day of reporting: Blood pressure (BP) 118/78 mmHg, temperature 98.6°F and pulse rate 82 /min. The baseline MEDI-Q score was 13.

Therapeutic intervention

After detailed case taking, repertorisation was done using Synthesis repertory in RADAR software (Version 3.2.17). The following symptoms were considered for analysis and evaluation: spasmodic pain, weakness during menses, pain in forehead during menses, menses bright red clotted, sleep disturbed during menses, cold drinks ameliorate, appetite diminished, desire for chocolate, wants to be alone, reserved.

Upon reportorial analysis (Fig. 2): the following medicines found were *Phosphorus* (15/9), *Lycopodium* (13/9), *Natrum muriaticum* (15/8), *Sepia* (14/8), and *Belladonna* (13/8). *Phosphorus* 200C was selected based on totality of symptoms (Table 1), especially the most characteristic symptom of weakness along with disturbed sleep during menses. Although *Lycopodium* was also indicated remedy for weakness, sleep disturbed and clotted dark blood flow and *Natrum muriaticum* too closely matched the patient's profile but *Phosphorus* was selected based on the eliminating symptom "stomach - cold drinks ameliorates".¹⁷ The patient was advised to take a dose orally. The improvement in pain was observed within 1 hour for the patient was better and able to pursue her routine activity in school.

Follow-ups and outcome

Six follow-up consultations were done in total (Table 2). *Phosphorus* 200C was prescribed on 1st visit, 2nd and 4th follow up visits. On fourth follow up, *Magnesium phosphoricum* 6x, one stat dose, was given for episode of spasmodic pain and the patient was advised to take *Phosphorus* 200C, single dose, at home if symptoms during cycles still persisted. However, clots in blood flow were no more reported.

The baseline score changed from "9" during the first and second follow-up visits to "2" on the fourth follow-up, implying significant improvement. During each follow-up, the patient was analysed for amelioration, aggravation or status quo in symptomatology and outcome assessment score. Eventually, the MEDI-Q score was seen to reduce to "0" in the last two visits. Causal attribution through MONARCH was scored 8 (Table 3).

Case 3

A 13-year-old girl, on 12th July 2023, presented in the medical room of Cambridge foundation school, New Delhi, India, with pain in her lower abdomen. She had vomited half an hour before. It was her first day of menstruation, and she had had four episodes of vomiting since the day before. She found some relief in abdominal spasm on bending forward. The blood flow was notably scanty. Her personal history revealed that she was suffering from these symptoms in every menstrual cycle. Some analgesics relieved her most troubling abdominal pain, but the vomiting episodes continued to occur, especially in the initial

Table 2. Details of follow-up visits.

Cases	Follow-up no. with date	Prescription	Remarks/Justification
1	Baseline 3/July/2023	- <i>Belladonna</i> 200C/1 dose to be taken as directed	Cramping pain during menses. Feeling chilly during menses, Menses profuse. Flow bright red. Desire for cold drink. Thirst increased. Often gets angry, sensitive to noises. Fear of darkness.
	1 st 1/Aug/2023	No medicine was prescribed as improvement continued.	Pain during menses- better, menses- regular, flow still profuse and bright red, irritation- better.
	2 nd 31/Aug/2023	- <i>Bell.</i> 200C/ 1 dose to be taken as directed.	Pain on 1 st and 2 nd day of period, menses-regular, normal; irritation better than baseline.
	3 rd 30/Sep/2023	No medicine was prescribed as improvement continued.	Slight pain during menses, Irritation much better.
	4 th 28/Oct/2023	- <i>Bell.</i> 1M/1 dose to be taken as directed.-	Slight pain during menses persisting, Irritation still present. Complaints came to standstill so same medicine was given in higher potency.
	5 th 28/Nov/2023	No medicine was prescribed as improvement continued.	No pain during menses, no irritation. No new complaints.
2	6 th 27/Dec/2023	No medicine was prescribed as improvement continued.	No pain during menses, no irritation. No new complaints.
	Baseline 8/July/2023	- <i>Phos.</i> 200/1 dose to be taken as directed.	Spasmodic pain in lower abdomen during menses. Great weakness during menses. Pain in forehead during menses, menses -clotted, dark colour. Sleep disturbed during menses. Acidity better by taking cold drinks. Appetite diminished. Desire for chocolate. Wanted to be alone. Reserved
	1 st 11/Aug/2023	No medicine was prescribed as improvement continued.	Pain during menses- better. Menses- few clots present, weakness- better, no headache, sleep- much better.
	2 nd 12/Sep/2023	- <i>Phos.</i> 200/1 dose to be taken as directed.	Pain during menses- still present, weakness –still present and wanted to stay alone.
	3 rd 12/Oct/2023	No medicine was prescribed as improvement continued.	No pain during menses, menses- clots absent No weakness and able carry on normal routine activity. No new complaints.
	4 th 13/Nov/2023	-Stat 1 dose of <i>Mag. phos</i> 6X - <i>Phos.</i> 200C to be taken as directed.	Spasmodic pain on 1 st day of period, menses- normal <i>Mag. phos</i> 6X was given to ease the spasmodic pain.
3	5 th 14/Dec/2023	No medicine was prescribed as improvement continued.	No pain and no other symptom during menses, menses-regular
	6 th 16/Jan/2024	No medicine was prescribed as improvement continued.	No pain and no other symptom during menses, menses-regular
	Baseline 12/July/2023	<i>Sepia</i> 200/ 1dose to be taken as directed.	Pain in abdomen during menses. Pain better by bending forward. Menses- scanty, regular. Vomiting before menses. Better from consolation. Thirst increased. Desired sweets and company. Weeping easily.
	1 st 12/Aug/2023	<i>Sepia</i> 1M/ 1 dose to be taken as directed.	Pain during menses- slightly better, menses- regular, flow normal. Weeping tendency –slightly better and not willing to come to school. Physical complaints were better, mental symptoms still present. Medicine was given in higher potency.
	2 nd 13/Sept/2023	No medicine was prescribed as improvement continued.	Pain menses- better than before, menses- regular, flow normal. Attended school during menses.
	3 rd 16/Oct/2023	No medicine was prescribed as improvement continued.	No pain and any other symptoms during menses.
	4 th 14/Nov/2023	No medicine was prescribed as improvement continued.	Menses regular and normal, no pain and other symptom. No need of taking off from school.
	5 th 16/Dec/2023	No medicine was prescribed as improvement continued.	No pain and any other symptoms during menses
	6 th 16/Jan/24	No medicine was prescribed as improvement continued.	No pain and any other symptoms during menses

(Continued.)

Table 2. Continued.

Cases	Follow-up no. with date	Prescription	Remarks/Justification
4	Baseline 13/July/2023	<i>Platina</i> 200C/1 dose to be taken as directed.	Pain during menses. Bearing down sensation during menses. Menses- profuse, clotted, regular, prolonged for 8 days. Sleep disturbed. Ineffectual and frequent urging for stool. Conscious of self-image. High self- esteem. Talkative.
	1 st 14/Aug/2023	No medicine was prescribed as improvement continued.	Pain during menses- better, socialize with people in better way, menses- regular, few clots. Constipation present, insomnia present.
	2 nd 15/Sept/2023	No medicine was prescribed as improvement continued.	Pain during menses- better, menses- regular, few clots. No constipation, insomnia present.
	3 rd 16/Oct/2023	<i>-Platina</i> 200C/1 dose to be taken as directed.	Slight pain during periods, menses still profuse, no constipation, no insomnia.
	4 th 17/Nov/2023	<i>-Platina</i> 1M/ 1dose to be taken as directed.	Pain during menses -still present, clots-still present, no constipation, no insomnia.
	5 th 19/Dec/2023	No medicine was prescribed as improvement continued.	No pain and any other symptoms during menses, no irritability
5	6 th 19/Jan/2024	No medicine was prescribed as improvement continued.	No pain and any other symptoms during menses, no irritability
	Baseline 17/July/2023	<i>Ignatia</i> 200C/ 1dose to be taken as directed.	Pain in back during menses. Pain better by warm application. Menses prolonged. Menses- red, clotted, copious. Feeling sad before menses. Appetite changeable. Desire sweets before menses. Mood swings.
	1 st 19/Aug/2023	<i>-Ignatia</i> 200C/ 1dose to be taken as directed.	Pain during menses- same, menses- regular, profuse, sad during menses, backache present, mood sad, appetite altered.
	2 nd 20/Sept/2023	No medicine was prescribed as improvement continued.	Pain during menses- better. Menses: regular, flow normal, mood alteration-better, backache-better, appetite-better.
	3 rd 23/Oct/2023	No medicine was prescribed as improvement continued.	Pain during menses- better, mood alteration-better, backache-better, appetite-same as last visit. No new complaints.
	4 th 22/Nov/2023	<i>-Ignatia</i> 1M/ 1dose to be taken as directed.	Pain during 1 st day menses present, sadness during menses-better. Appetite-better, backache –absent. Complaints persisting same as last visit so same medicine was given in higher potency.
6	5 th 23/Dec/2023	No medicine was prescribed as improvement continued.	No other complaints.
	6 th 25/Jan/2024	No medicine was prescribed as improvement continued.	No pain, felt confident, mood stable during menses.
	Baseline 17/July/2023	<i>-Natrum muriaticum</i> 200C/ 1dose to be taken as directed.	Spasmodic pain during menses. Weakness during menses. Menses- prolonged. Menses strain difficult to wash. Anxiety before menses. Anxiety from anticipation causing diarrhoea. Lacks self -confidence. Appetite decreased. History of headaches.
	1 st 17/Aug/2023	No medicine was prescribed as improvement continued.	Pain during menses- better, anxiety- better, appetite-diminished. Menses-regular, flow normal, no headache. Diarrhoea frequency reduced, weakness – persists.
	2 nd 18/Sep/2023	No medicine was prescribed as improvement continued.	Pain during menses- same as last visit, weakness-absent, anxiety- same as last visit appetite-normal, menses- regular, flow normal. Diarrhoea –absent.
	3 rd 17/Oct/2023	No medicine was prescribed as improvement continued.	No pain during menses, weakness and diarrhoea –not present
	4 th 15/Nov/2023	No medicine was prescribed as improvement continued.	No pain during menses, carry normal activity during menses.
	5 th 15/Dec/2023	No medicine was prescribed as improvement continued.	No pain and any other symptom during menses.
	6 th 16/Jan/2024	No medicine was prescribed as improvement continued.	No pain and any other symptom during menses.

(Continued.)

Table 2. Continued.

Cases	Follow-up no. with date	Prescription	Remarks/Justification
7	Baseline 20/July/2023	<i>Thuja</i> 200/1 dose to be taken as directed.	Bloating before menses. Nausea during menses. Cramping pain before menses, menses- irregular. History of cauterization of warts on hands. Desire to be alone. Appetite diminished. Thirst much increased. Desire for cold drink.
	1 st 21/Aug/2023	No medicine was prescribed as improvement continued.	Pain during menses- better, still wants to stay alone. Menses- on time with normal flow. Bloating –reduced, nausea-reduced.
	2 nd 4/Oct/2023	- <i>Thuja</i> 200C/1 dose to be taken as directed.	Pain during menses- present same as last visit, menses- 10days late, flow normal, nausea present. Bloating -present, socialize better with others.
	3 rd 11/Nov/2023	- <i>Thuja</i> 1M/ 1dose to be taken as directed. -placebo globules once daily for 1 month	No pain during menses, menses- late, flow normal, nausea present.
	4 th 13/Dec/2023	No medicine was prescribed as improvement continued.	No pain during menses, menses- on time with no associated symptoms, socialize better with others.
	5 th 15/Jan/2024	No medicine was prescribed as improvement continued.	No pain during menses, menses- regular.
	6 th 16/Feb/2024	No medicine was prescribed as improvement continued.	No pain during menses, menses- regular.
8	Baseline 26/July/2023	<i>Kali carb.</i> 200C/ 1dose to be taken as directed.-	Pain during menses. Backache during menses. Weakness during menses. Tenderness in breast during menses. Lack of vital heat. Aggravation from cold. Desire for sour food. Perspiration increased on hands. Appetite decreased. Obedient in nature.
	1 st 28/Aug/2023	No medicine was prescribed as improvement continued.	Pain during menses better, menses- regular, flow normal, tenderness in breast and weakness during menses present. Back pain– better, appetite decreased. Complaints were better.
	2 nd 30/Sept/2023	- <i>Kali carb.</i> 200C/ 1 dose to be taken as directed.	Pain during menses-same as last visit, menses- regular, flow normal, appetite decreased, tenderness in breast and weakness-same, back pain –same as last visit.
	3 rd 30/Oct/2023	No medicine was prescribed as improvement continued.	Pain during menses- better, menses- regular, normal flow, appetite normal, tenderness in breast and weakness-better. Back pain –better.
	4 th 2/Dec/2023	No medicine was prescribed as improvement continued.	Pain during menses- better than last visit, menses- regular, normal flow, appetite normal, slight tenderness in breast present, back pain –absent, weakness- better than last visit.
	5 th 29/Dec/2023	No medicine was prescribed as improvement continued.	No pain during menses, flow normal, no back pain, socialize in a much better way. No complaints.
	6 th 29/Jan/2024	No medicine was prescribed as improvement continued.	No pain during menses, flow normal, no back pain, socialize in a much better way, No complaints.

days of her periods. This pattern began at age 11. The flow lasted only three days with a regular 30-day cycle. She also suffered from recurrent fungal infections on body, for which she took conventional treatment.

Generals

The patient tended to weep easily and responded well to consolation and company of friends. She experienced easy bodily exhaustion but regular exercises helped her to combat it. She craved sweets and had an unquenchable thirst for water.

Clinical findings

Localised pain in the lower abdomen with deep tenderness was evident in the suprapubic area. No visible abnormalities were detected. Her temperature was 97°F, BP was 120/82 mm Hg and pulse rate was 82 beats/min. The patient was mesomorphic. At the baseline, MEDI-Q score was evaluated 15.

Therapeutic intervention

After a detailed case taking, the symptoms were repertorised using Synthesis repertory in RADAR software (Version 3.2.17). The following symptoms

Table 3. Modified Naranjo Criteria.

Domains	Yes	No	N/A	CASES								
				1	2	3	4	5	6	7	8	
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2	+2	+2	+2	+2	+2	+2	+2	+2
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1	+1	+1	+1	+1	+1	+1	+1	+1
3. Was there an initial aggravation of symptoms?	+1	0	0	0	0	0	0	0	0	0	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0	+1	+1	+1	+1	+1	+1	+1	+1	+1
5. Did overall well-being improve? (suggest using validated scale)	+1	0	0	+1	+1	+1	+1	+1	+1	+1	+1	+1
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0	0	0	0	0	0	0	0	0
6B. Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	+1	0	0	0	0	0	0	0	0	0	0	0
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	0	0	0	0	0	0	0	0	0
8. Are there alternate causes (other than the medicine) that—with a high probability could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	+1	+1	+1	+1	+1	+1	+1	+1	+1
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	0	0	+2	+2	+2	+2	+2	+2	+2	+2	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0	0	0	0	0	0	0	0	0
TOTAL				8	8	8	8	8	8	8	8	8

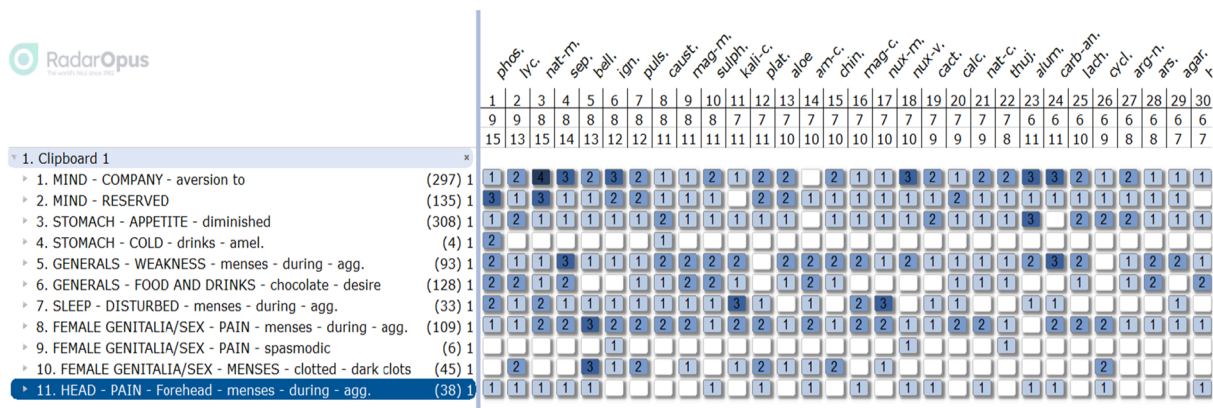


Fig. 2. Repertorisation sheet of case 2.



2. Clipboard 2

- ▶ 1. MIND - COMPANY - desire for (189) 1
- ▶ 2. MIND - WEeping - easily (52) 1
- ▶ 3. MIND - CONSOLATION - amel. (33) 1
- ▶ 4. STOMACH - THIRST - extreme (242) 1
- ▶ 5. GENERALS - FOOD AND DRINKS - sweets - desire (285) 1
- ▶ 6. FEMALE GENITALIA/SEX - MENSES - scanty (253) 1
- ▶ 7. STOMACH - VOMITING - menses - before - agg. (26) 1
- ▶ 8. FEMALE GENITALIA/SEX - PAIN - menses - during - ... (109) 1
- ▶ 9. ABDOMEN - PAIN - bending double - amel. (59) 1

	puls.	phos.	sep.	caust.	nat-m.	arg-n.	calc.	lyc.	sulph.	bell.	chin.	nux-v.	rhust-t.	sil.	kali-c.	nat-c.	lact
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
9	8	8	8	8	7	7	7	7	7	7	7	7	7	6	6	6	
22	17	16	15	14	15	14	13	13	12	12	11	11	11	15	11	10	
	2	4	2	1	1	3	2	3	1	1		2	2	1	3	2	1
	3		2	3	2	1	2	1		2	1		1	1			
	4	2		1	1	1							1		1		
	1	3	2	3	3	3	3	2	3	2	3	2	2	3	2	2	1
	2	2	2	1	1	3	2	3	3	1	3	1	2	1	2	2	1
	3	3	3	2	3	3	1	2	3	1	1	2	1	2	3	2	3
	2	1	2		1		2		1		1	2					
	2	1	2	2	2	1	2	1	1	3	1	1	2	2	2	2	2
	3	1	1	2				1	1	2	2	1	1		3		2

Fig. 3. Repertorisation sheet of case 3.

were considered for analysis and evaluation: pain in abdomen during menses, better by bending forward, menses- scanty, vomiting before menses, thirst extreme, desires sweets, desires company, weeping easily, feels better from consolation, recurrent fungal infections, physical exertion ameliorates.

Upon repertorial analysis (Fig. 3): the top five medicines were *Pulsatilla nigricans* (22/9), *Phosphorus* (17/8), *Sepia officinalis* (16/8), *Causticum* (15/8), *Natrum muriaticum* (14/8). (Fig. 3) *Sepia* 200C was selected based on the totality of symptoms (Table 1), including desire for company, weeping tendency, consolation ameliorates, thirst extreme, desires sweets, scanty menses, vomiting before menses, pain in abdomen during menses better by bending forward. The patient’s mental state, craving patterns and particular symptoms of menses were in close alignment with *Phosphorus* and *Pulsatilla*; but “better from vigorous physical work”, a keynote indication for *Sepia*, was referred to for selecting *Sepia* for prescription.

Follow-ups and outcome

Six follow-ups were recorded in total (Table 2). *Sepia* 200C was prescribed on the presenting day. MEDI-Q score “14” remained close to baseline score at the first follow-up visit, giving little relief to the patient and, thus, a single dose of the sequential potency of *Sepia*, 1M was prescribed. The patient improved adequately on the outcome assessment scale of “4” on the next follow up visit. No medicine was prescribed for the rest of the visits. The patient remained asymptomatic as observed in the last 4 follow up visits, attending school regularly during her menstruation cycles. Causal attribution assessment on MONARCH scored 8 (Table 3).

Case 4

A 16-year-old girl on 13th July 2023 presented in the medical room of Cambridge foundation school, New Delhi, India, with excessively profuse menstrual bleeding for one day. She described a sensation of heavy weight in lower abdomen as if something was pressing forcibly out. A day before in the afternoon also, she felt similar “bearing down” feeling when her mother gave her warm fomentation. This relieved her condition. She did not pass clear stools during morning and felt repetitive urge with much pressure in rectum to ease the bowels. Often stools were passed with much difficulty, especially a week before her periods approached. During every cycle, her periods extended over 7–8 days with profuse flow, clots and intermittent pains for which she often took painkillers. Her agony was further worsened without sound sleep. Menarche commenced at 13 years with established 30-day regularity. No intermenstrual bleeding reported.

Generals

She displayed a high-headed, self-obsessed nature and was notably loquacious. Stools constipated with frequent urges to defecate and disrupted sleep patterns.

Clinical findings

Physical examination revealed localised deep suprapubic tenderness. The abdomen remained soft and non-distended.

On examination, temperature was 98°F; BP was 116/78 mm Hg, and pulse rate was 78/min; she had an ectomorphic built. At the baseline, the MEDI –Q score was 12.



	plat.	lach.	lc.	sulph.	calc.	puls.	bell.	nux-v.	phos.	nat-m.	con.	caust.	chin.	ign.	merc.	sep.	arn-c.	nux-m.	thu.	agr.	
1. MIND - EGOTISM (55) 1	3	2	2	2	2			2	1						1					2	
2. MIND - SELFISHNESS (65) 1	3	1	2	2	2	2	1	2	1	1		1	1	1	1	1				1	1
3. MIND - LOQUACITY (220) 1	1	1	1	1	1	1	2	1	2	1	1	1	1	1			1	1	1	1	1
4. RECTUM - CONSTIPATION - ineffectual urging and straining (256) 1	3	3	3	3	2	3	2	3	2	3	3	3	1	2	3	3	1	1	3	1	1
5. SLEEP - DISTURBED - easily (13) 1		2	2	2		1									1						
6. FEMALE GENITALIA/SEX - PAIN - menses - during - agg. - bearing down (16) 1	1						1				2					1	2	1		1	
7. FEMALE GENITALIA/SEX - PAIN - menses - during - agg. (109) 1	2	2	1	1	2	2	3	1	1	2	2	2	1	2		2	2	1	1	1	1
8. FEMALE GENITALIA/SEX - MENSES - clotted (152) 1	3	3	2	2	3	3	3	1	1	1	1	1	2	3	2	1	1	2	1	1	1
9. FEMALE GENITALIA/SEX - MENSES - copious (410) 1	3	2	2	3	2	3	3	3	3	3	2	2	3	2	3	2	2	3	2	2	3
10. FEMALE GENITALIA/SEX - MENSES - protracted (166) 1	3	2	3	2	3	3	1	3	2	3	2	1	2	2	2	2	1	2	1	1	1

Fig. 4. Repertorisation sheet of case 4.

Therapeutic intervention

After detailed case-taking and examination, the following symptoms were considered for the totality of symptoms of the case and were repertorised using the Synthesis repertory in the RADAR software: loquacious, egotism, self-obsessed sleep disturbed easily, constipated-ineffectual and frequent urging for stool, pain during menses, bearing down during menses, menses-copious, clotted, protracted.

The following medicine came up in repertorisation (Fig. 4): *Platinum metallicum* (22/9), *Lachesis mutans* (21/9), *Lycopodium clavatum* (18/9), *Sulphur* (17/9), *Calcarea carbonicum* (18/8) (Fig. 4). *Platinum* 200C was prescribed, based on the totality (Table 1) including extreme egotism, loquaciousness, profuse, clotted, protracted menses with characteristic “bearing down” sensation all strongly corresponding to the remedy’s known sphere of action. *Lachesis* was ruled out as the patient was not relieved with the flow rather, she required warm applications to soothe the painful condition.

Follow-ups and outcome

Patient was followed for six months (Table 2). *Platina* 200C was prescribed on the presenting day of complaints. On 1st follow up, pain was better but constipation and disturbed sleep persisted. No medicine was given. During 3rd follow up visit, pain remained a troubling symptom. *Platina* 200C single dose was repeated. Significant improvement with outcome assessment score of “3” was seen during 4th visit. However, *Platina* 1M was given in single dose for the remaining bearing down pain. No symptoms were reported during 5th and 6th follow up visits. Post treatment outcome assessment score was “0”. MONARCH score was 8 (Table 3).

Case 5

A 15-year-old presented in the medical room of Cambridge foundation school, New Delhi, India, on

17th July 2023, with the complaint of backache during menstruation, which had just started during school hours. During the narration of other complaints, the patient started weeping. Her classmate mentioned that during her periods she became very emotional. They faced much difficulty dealing with her mood swings. Most of the time, she remained sad. A great amount of persuasion from friends rejoiced her mood a little. The patient said that eating something sweet helped her manage mood swings, though intake of regular meals was diminished during her cycles. She obtained relief in pain with warm applications.

Her menarche occurred at 12 years of age, with an 8 days cycle and profuse and red bleeding. Family history revealed her father had renal calculi.

Generals

Her pre-menstrual mood swings and sadness characterised her emotional pattern. Her appetite fluctuated, though she maintained a desire for sweet things.

Clinical findings

Deep palpation revealed lower abdominal pain localization with mild suprapubic tenderness. His physical form was endomorphic. Mild pallor was present on general examination.

Temperature was 97.4°F; BP was 118/80 mm Hg, and pulse rate was 76/min. Baseline MEDI-Q score evaluated was 18.

Therapeutic intervention

After a detailed case taking, symptoms were repertorised using Synthesis repertory in RADAR software (Version 3.2.17): pain in back during menses. The following symptoms were considered for analysis and evaluation: pain better by warm application, menses prolonged, menses red, copious, feeling sad before menses, appetite changeable, desire sweets before menses, mood changeable, sad mood.

Upon reportorial analysis (Fig. 5), the medicines were *Ignatia* (13/7), *Causticum* (11/7), *Pulsatilla*



2. Clipboard 2

- ▶ 1. MIND - SADNESS - menses - before (62) 1
- ▶ 2. MIND - MOOD - changeable (235) 1
- ▶ 3. STOMACH - APPETITE - changeable (33) 1
- ▶ 4. GENERALS - FOOD AND DRINKS - sweets - desire - menses; before (5) 1
- ▶ 5. FEMALE GENITALIA/SEX - MENSES - protracted (166) 1
- ▶ 6. FEMALE GENITALIA/SEX - MENSES - fluid blood contains clots (30) 1
- ▶ 7. FEMALE GENITALIA/SEX - MENSES - copious (410) 1
- ▶ 8. FEMALE GENITALIA/SEX - MENSES - painful - warmth - amel. (10) 1
- ▶ 9. BACK PAIN menses during agg. (109) 1

	ign.	caust.	puls.	lyc.	ars.	bell.	ferr.	lach.	phos.	plat.	nux-v.	sabin.	calc
1	2	2	3	2		1	1	3	1	1			2
7	7	6	6	6	6	6	6	6	6	6	5	5	1
13	11	14	13	12	12	12	11	11	11	10	13	12	1
(62) 1	2	2	3	2		1	1	3	1	1			2
(235) 1	3	1	3	3	2	2	2	1	2	2	1		2
(33) 1	1				2			1	1		1		
(5) 1													
(166) 1	2	1	3	3	2	1	3	2	2	3	3	3	3
(30) 1	1	1	1	1		3	2			1	1	3	
(410) 1	2	2	2	2	3	3	3	2	3	3	3	3	3
(10) 1		1			2							2	
(109) 1	2	3	2	2	1	2	1	2	2	1	1	2	2

Fig. 5. Repertorisation sheet of case 5.

nigricans (14/6), *Causticum* (15/8), and *Lycopodium clavatum* (13/6). *Ignatia* 200C single dose was prescribed based on totality of symptoms (Table 1), especially the most characteristic symptom of sudden mood changes along with other symptoms such as menses copious clotted, pain better by warm applications, desire sweets before menses. The remedy covered mental generals and particular symptoms in higher ranking score in repertorial chart and closely matched the patient’s profile.

Follow-ups and outcome

The patient was followed for six visits every month (Table 2). *Ignatia* 200C was given in a single dose on the presenting day. In the first follow up, the outcome assessment score remained same to the baseline and patient was subjectively feeling no better. Single dose of *Ignatia* 200C was repeated. During the second visit, changes in symptomatology and MEDI-Q score were re-evaluated. The MEDI-Q score reduced to “12” showing little improvement in the patient’s status. No medicine was given. During the fourth visit, though the outcome assessment score was seen to be improving constantly, and the pain was still disturbing the patient. *Ignatia* 1M was prescribed in a single dose. Post-treatment MEDI-Q score was “0” for the last two visits. MONARCH score was ascertained 8 (Table 3).

Case 6

A 13-year-old girl on 17th July 2023 presented at the medical room of Cambridge foundation school, New Delhi, India, with a complaint of diarrhoea during her menstrual period. She appeared anxious and uneasy. The anticipation of her menses, particularly its onset and associated discomfort, triggered marked anxiety in her before and during menses, that culminated in an episode of diarrhoea. She expressed her inability to concentrate in studies during such

episodes. On arrival at the medical room, she looked pale and weak. Discomfort was a marked symptom since menstrual cycles started at the age of 10. During each cycle, she experienced “spasms” in her lower abdomen on the second day of menstruation. While asking further about her medical history, she reported that headaches often disturbed her, compelling to take analgesics. The menstrual bloodstains were difficult to wash, and the bleeding lasted 8 days. Her blood count and haemoglobin levels were within normal range.

Generals

The onset of menses coincided with heightened anxiety and nervousness. She struggled with low self-esteem. Her appetite was diminished.

Clinical findings

The abdomen felt soft without distension, with mild suprapubic tenderness on deep palpation. Built was ectomorphic. Physical examination revealed pallor on clinical assessment.

BP recorded was 115/80 mm Hg, pulse –84/min, temperature- 97.4°F; on the reported day. Baseline MEDI-Q score evaluated was 19.

Therapeutic intervention

After a detailed case taking, symptoms were repertorised using the Synthesis repertory in RADAR software (Version 3.2.17). The following symptoms were considered for analysis and evaluation : anxiety before menses, anxiety from anticipation causing diarrhoea, lacks self confidence, spasmodic pain during menses, weakness during menses, menses-prolonged,menses strain difficult to wash, appetite decreased, headaches in schoolgirls.

Upon repertorial analysis (Fig. 6): the top medicines were: *Natrum muriaticum* (13/7), *Pulsatilla nigrans* (11/7), *Zincum metallicum* (7/7), *Nux vomica*

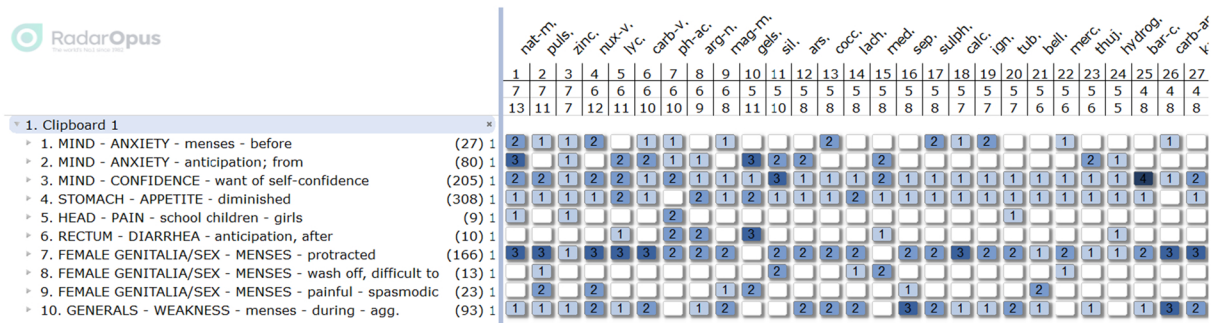


Fig. 6. Repertorisation sheet of case 6.

(12/6) and *Lycopodium clavatum* (11/6). *Natrum muriaticum* 200C single dose was prescribed based on totality of symptoms, such as anxiety before menses, anticipation causing diarrhoea, headaches in school girls (Table 1). *Lycopodium* also came in the repertorial chart but it was ruled out for absence of anticipation in relation to performance or alternated with haughtiness and no associated digestive symptom like indigestion/flatulence/bloating was reported by the patient.

Follow-ups and outcome

Follow up of the case was done for six months (Table 2). *Natrum mur* 200C was prescribed in single dose on the presenting day. Improvement in symptomatology was seen on 1st follow up visit. The outcome assessment MEDI-Q score was seen to reduce to “10”. No medicine was given. Patient was re-evaluated in the second visit, and the score was found to have further reduced to “4” and the patient was feeling much better, subjectively too. Since the improvement continued, no medicine was given in the subsequent visits and with the post-treatment outcome score was recorded as “0”. The causal attribution with the MONARCH scored 8 (Table 3).

Case 7

A 17-year-old presented at the medical room of Cambridge foundation school, New Delhi, India, on 20th July 2023 with the sensation of vomiting since morning. The abdomen was feeling full and tight. She was not even able to have burps, and had a strong desire to vomit. No food was taken since morning as her stomach felt full. She only desired to drink some water. She had taken an aerated drink in the morning, which provided relief in her symptoms for a few hours. Her stools were soft. Her menses had started last evening with pre-menstrual bloating being a notable feature. She reported of cramping pain in the

lower abdomen with slowly increasing severity. Her menstrual cycles were irregular, lasting for 3 days. Menarche occurred at 12 years.

She had three warts on her left hand, which were electrically cauterized by the dermatologists three years back. Mother had a history of hypertension.

Generals

She preferred solitude and was quiet by nature. Her appetite was diminished despite increased thirst and a desire for cold drinks especially when bloated during menses.

Clinical findings

Abdomen was distended with mild suprapubic tenderness detected on deep palpation. No masses or visible abnormalities were present. Her BP was 122/80 mm Hg, temperature 97.6°F; pulse 78/min. Her physical form was endomorphic. The baseline MEDI-Q score was 16.

Therapeutic intervention

After a detailed case taking, symptoms were repertorised using Synthesis repertory in RADAR software (Version 3.2.17). The following symptoms were considered for analysis and evaluation: bloating before menses, nausea during menses, cramping pain before menses, menses- irregular, desire to be alone, appetite diminished, thirst much increased, desire for cold drink and suppression of warts.

Upon repertorial analysis (Fig. 7), the medicines found as the top scorers were *Thuja occidentalis* (11/8), *Lycopodium clavatum* (14/7), *Nux vomica* (13/7), *Pulsatilla nigricans* (10/7) and *Chamomilla* (12/6). *Lycopodium* was noted to be strongly indicated based on the presenting symptoms: bloated, feeling of fullness in abdomen, but *Thuja* 200C single dose was prescribed instead, based on the miasmatic symptoms in the patient: sycotic, reserved, warty growths, left sided (Table 1).

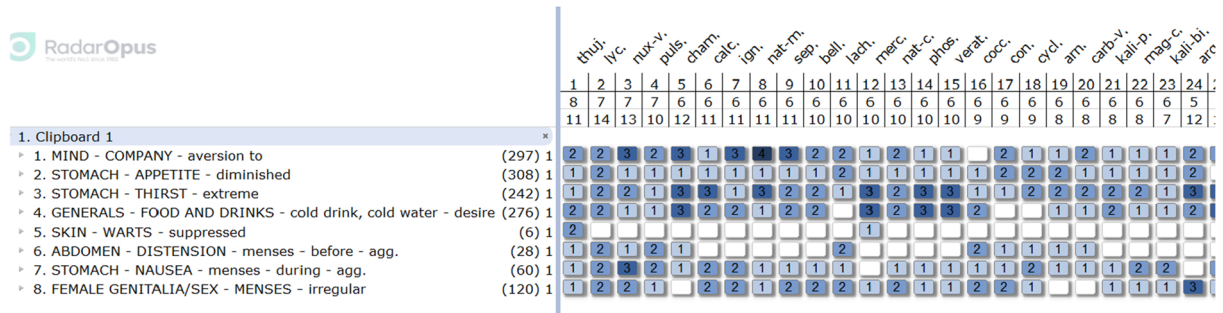


Fig. 7. Repertorisation sheet of case 7.

Follow-up and outcome

The patient was followed for six months (Table 2). *Thuja* 200C, single dose, was given on the presenting day, and during the first follow up. *Thuja* 1M, single dose, was then given at the third follow up for the persisting nausea, though less severe. Changes in symptomatology and MEDI-Q score were elicited at each follow-up visit. A significant improvement was seen in the outcome assessment score since the third visit. No further medicine was prescribed, and the Post-treatment MEDI-Q score was calculated to be “0” in the last three visits. MONARCH was scored 8 (Table 3).

Case 8

A 17-year-old girl on 26th July 2023 presented in the medical room of Cambridge foundation school, New Delhi, India, with pain in lower back extending in front to abdomen. It was the second day of her menstruation cycle. Much pain was felt in both side breast along with weakness in her body. Although blood flow was normal, the patient felt very cold. This was accompanied with increased perspiration especially observed on palms of both the hands. The skin was cold to touch. There was increased sensitivity to cold and she was uncomfortable under the fan or air conditioner in the room. Menarche was established

at 11 years with regular 30-day cycles and normal bleeding lasting 5 days.

Generals

The patient was notably obedient in nature, as also confirmed by her classmates. Her appetite was diminished. She had a specific craving for sour foods.

Clinical findings

The pain was localised to the lower abdomen during examination. No abnormalities were detected. Her physical form was mesomorphic, BP110/80 mmHg, pulse74/min, temperature 97.6°F. The baseline MEDI-Q score was 16.

Therapeutic intervention

After a detailed case taking, symptoms were repertorised using the Synthesis repertory in RADAR software (Version 3.2.17). The following symptoms were considered for analysis and evaluation: pain during menses, backache during menses, weakness during menses, tenderness in breast during menses, lack of vital heat, aggravation from cold, desire for sour food, perspiration increased on hands, appetite decreased and obedient in nature.

Upon the reportorial analysis (Fig. 8), the leading medicines were *Kali carbonium* (19/10), *Phosphorus*

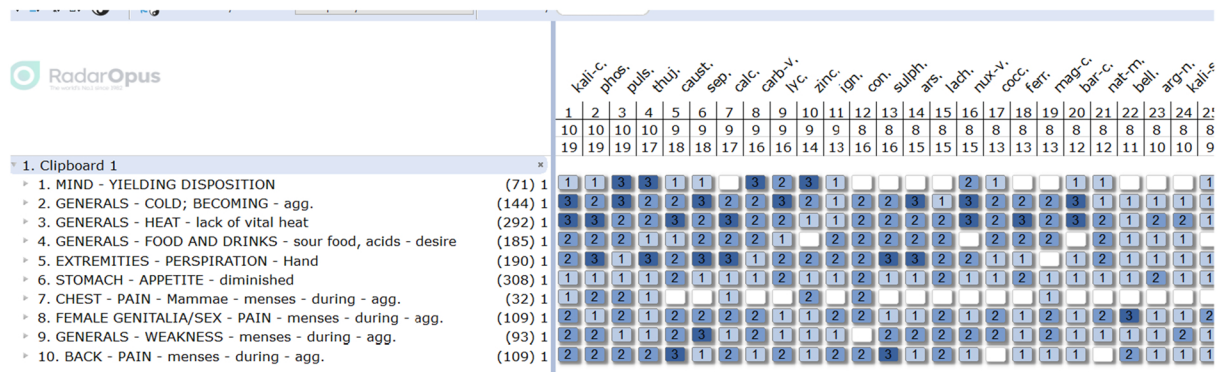


Fig. 8. Repertorisation sheet of case 8.

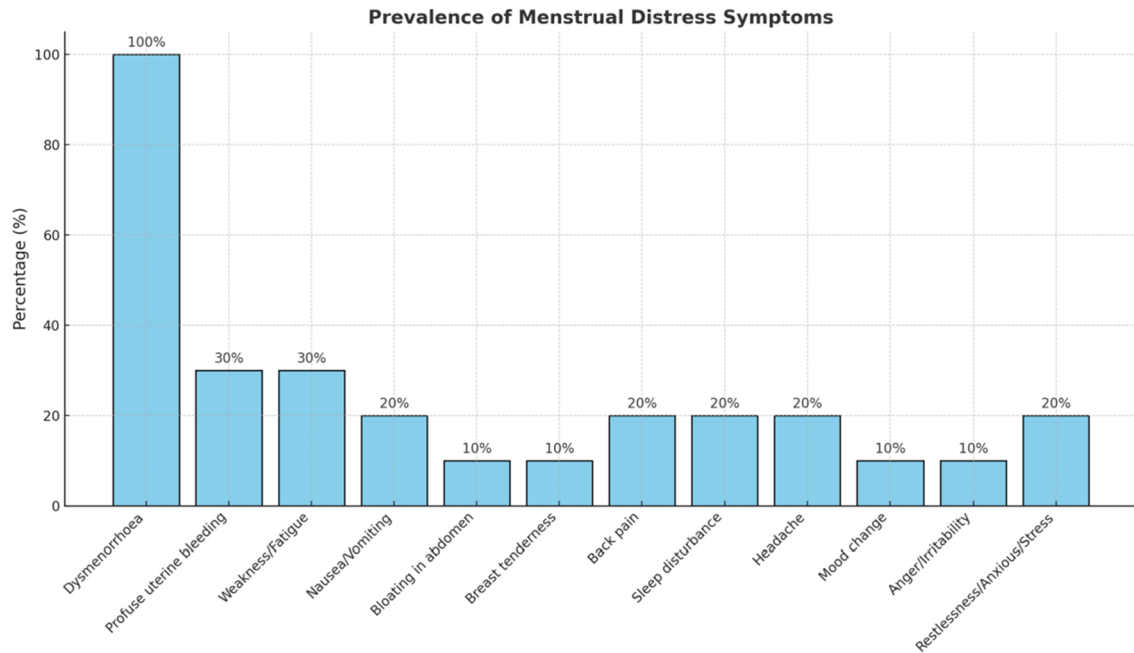


Fig. 9. Distribution of various psychological and physical distress menstrual distress symptoms reported by adolescent girls during menstruation.

(19/10), *Pulsatilla nigricans* (19/10), *Thuja occidentalis* (17/10), and *Causticum* (18/9). *Kali carbonicum* 200C was prescribed in a single dose, based on the totality of symptoms (Table 1): weakness during menses, backache during menses, perspiration increased, lack of vital heat. The remedy selected was in close proximity with the patient's profile.

Follow-up and outcome

The patient was followed up for six months (Table 2). *Kali carbonicum* 200C was prescribed on the presenting day and in the second follow up. The patient remained on status quo during the first two follow ups, but started improving after the third visit. No medicine was given for the rest of the visits. MEDI-Q score was evaluated as "0" in the last two visits. The causal attribution was ascertained with MONARCH score 8 (Table 3).

Results

The results of this case series demonstrate reduction in menstrual distress including both physical and psychological symptom complex in adolescent girls. The cases ranged within 13–17 years of age group, with the onset of dysmenorrhoea on the first or second day of menstrual cycle. Dysmenorrhoea (100%) was the most prevalent and severe symptom causing menstrual distress in these cases, followed by profuse uterine bleeding (30%) and weakness/fatigue (30%).

Nausea and vomiting (20%), bloating in abdomen (10%), breast tenderness (10%), back pain (20%), sleep disturbance (20%), headache (20%), mood change (10%), anger/irritability (10%), restlessness /anxious/stress (20%) were among the reported symptoms (Fig. 9). A mean reduction in the MEDI-Q score from 15.4 to 0.0 was observed in all cases over six months (Fig. 10a). Improvement was seen in the first follow up of the menstrual cycle in all the cases, except case no. 5, which improved after the second consecutive menstrual cycles (Fig. 10b).

Belladonna, *Phosphorus*, *Sepia officinalis*, *Platinum metallicum*, *Ignatia*, *Natrum muriaticum*, *Thuja occidentalis*, and *Kali carbonicum* were among the prescribed medicines. *Magnesium phosphoricum* 6x was given in case no. 2 for managing acute cramps during the cycle. In case no. 3, the repertorial result indicated *Pulsatilla nigricans* and *Sepia* in likewise order. However, based up on its determinative symptom "better from vigorous physical work", *Sepia* was selected as the similimum to the case. The potentially indicated homoeopathic causal intervention with a MONARCH score 8 was seen in all the cases.

Discussion

Irritability, anger, mood swings, anxiety, cramping abdominal pain, backache, nausea, bloating in abdomen, constipation, diarrhoea, breast tenderness, headache, sleep disturbance, scanty flow, profuse

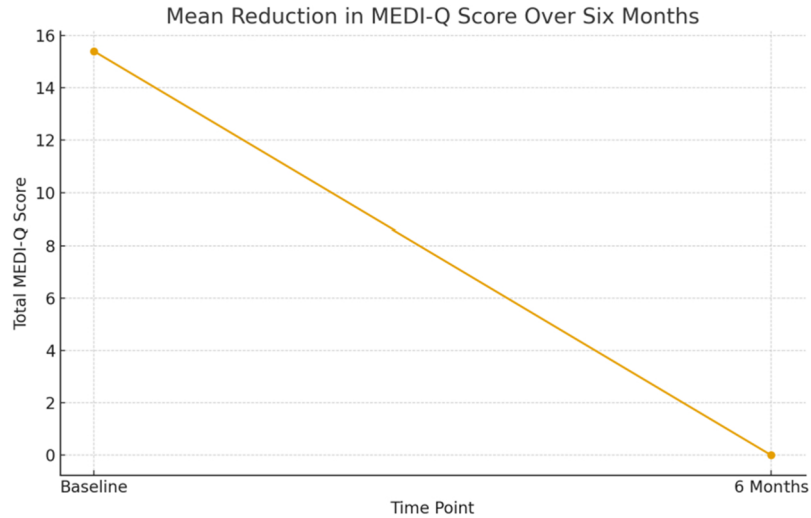


Fig. 10a. Mean reduction in total MEDI-Q score.

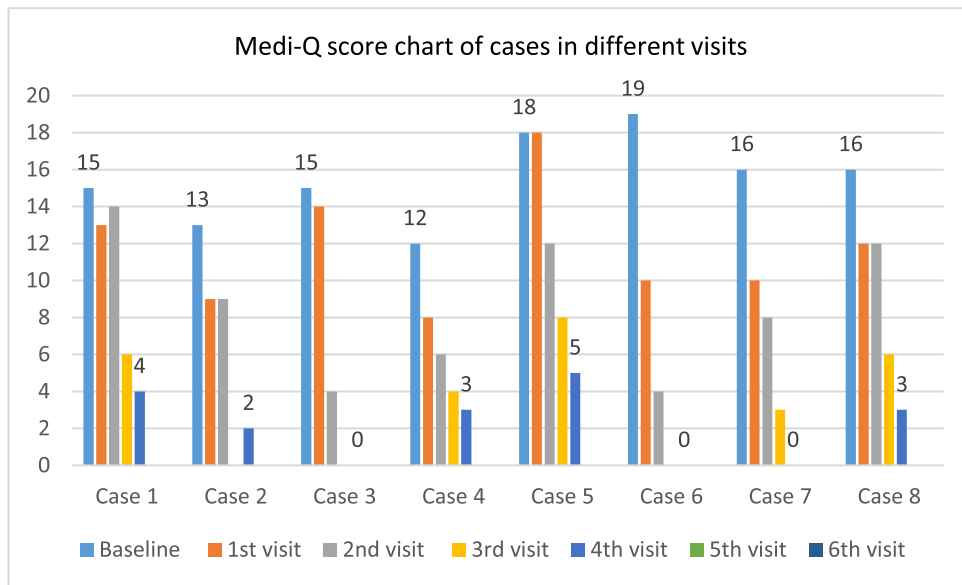


Fig. 10b. Medi-Q score chart of cases in different visits.

flow and fatigue during menses are among various manifestations of chronic psoric dyscrasia. Totality of symptoms was elicited by the authors on the presenting day of the menstrual cycle. Each case was followed by repertorisation and the most suitable antipsoric remedy except *Thuja occidentalis* predominantly antisycotic remedy in case no. 7; simillimum to the case was considered for prescription. The action of remedy with the indicated dose was not disturbed until the next menstrual cycle, as per the principles of Organon of medicine. The medicines were prescribed in sequentially increasing doses as per Kentian observations. However, the law of minimum dosage was inevitably followed in each case.

Many studies have been reported wherein homoeopathic medicines have successfully treated most common physical symptom implicating dysmenorrhoea in cases. In one such brief, Homoeopathy relieved dysmenorrhoea by >50% of baseline in 46.1% women.²² Another randomised control trial, reports improvement in 0–10 numeric rating scales (NRS) measuring intensity of pain of dysmenorrhoea and verbal multidimensional scoring system (VMSS) scores within homoeopathic group. *Natrum muriaticum* and *Pulsatilla nigricans* were the most frequently prescribed medicines.²³ Quality of Life (QoL) improvement was seen in primary dysmenorrhoea cases with individualised homoeopathic intervention.²⁴ Statistically

significant improvements were observed in pain intensity ($p = 0.021$) and physical health ($p = 0.020$) on VAS and SF-36 scores with Homoeopathy.²⁵ Mean Menstrual Distress Score (MDQ) scores improved premenstrual symptoms from 0.44 to 0.13 ($p < 0.05$) with active treatment.²⁶ Twenty-three women with ten PMS symptoms of irritability, aggression and tension (87%), mastodynia (78.2%) and weight gain and abdominal bloating (73.9%); were followed-up over 03 months for improvement in irritability, aggression and tension (39.1%), weight gain and abdominal bloating (26.1%) and mastodynia (17.4%). The mean score was found to be statistically significant ($p < 0.0001$). *Folliculinum* (87%) was the most frequently prescribed homoeopathic medicine followed by *Lachesis mutus* (52.2%).²⁷

In this study, dysmenorrhoea was the most prevalent symptom followed by profuse uterine bleeding and fatigue among the adolescent girls. All the cases presented with moderate symptom burden at the baseline. Individualised interventional decisions were made based on complete understanding of presenting symptoms, case history and impact of distress on quality of life. Mental generals were kept higher in hierarchy when analysing the symptoms followed by physical generals and particular symptoms of menstrual cycle for selection of similimum. No analgesics were taken during the course of treatment. Simultaneous improvement in both mental and physical symptoms was evident during follow up visits. Potential role of causal intervention with homoeopathic medicines was recorded with MONARCH in each case. MEDI-Q questionnaire was used as an assessment tool for measuring menstrual distress levels. Positive outcome was seen in mean MEDI-Q scores before and after the treatment.

This case series has identified positive clinical outcome of individualised Homoeopathy in treating menstrual distress in adolescent girls with minimum dosage. The limitation of the study is that the investigations including abdominal ultrasound and complete blood count were not done in each case within a school set up.

Conclusion

Individualised homoeopathy, prescribed in minimum dosage, has a potential therapeutic role in the treatment of menstrual distress in adolescent girls.

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Conflicts of interest

None Declared.

Author contribution

Neha Kalra: Definition of intellectual content, Manuscript editing, Manuscript review.

Ritika Saxena: Literature search, Experimental studies, Data acquisition, Manuscript preparation.

Anjula Narang: Data analysis, Statistical analysis.

Subhash Kaushik: Concept, Design, Guarantor.

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Traitement homéopathique individualisé des troubles menstruels chez les adolescentes: une série de cas

Introduction: Les troubles menstruels sont un terme générique décrivant l'ensemble des symptômes physiques, émotionnels et comportementaux qui surviennent pendant les menstruations et qui entraînent une gêne ou une perturbation de la vie quotidienne. Ces symptômes peuvent inclure des crampes abdominales, des maux de dos, une sensibilité mammaire, des sautes d'humeur, de l'irritabilité et des troubles du sommeil. Cet impact complexe va au-delà de la simple douleur et reflète le fardeau multiforme que peuvent représenter les menstruations. Cette série de cas présente huit adolescentes souffrant de troubles menstruels, traitées avec succès par homéopathie individualisée. **Résumé:** Les résultats de cette série de cas démontrent une réduction moyenne du score total du questionnaire MED-Q (Menstrual Distress Questionnaire) entre l'inclusion et le suivi à six mois, passant de 15,4 à 0,0. Une guérison complète de la dysménorrhée, ainsi que des troubles physiques et/ou psychologiques associés aux menstruations, a été observée chez les huit patientes. La relation de causalité entre l'intervention homéopathique et l'évolution clinique a été établie selon les critères de Naranjo modifiés (MONARCH). Des essais contrôlés randomisés portant sur un échantillon plus important sont nécessaires pour confirmer ces résultats.

Individualisierte homöopathische Behandlung von Menstruationsbeschwerden bei heranwachsenden Mädchen – Eine Fallserie

Einleitung: Menstruationsbeschwerden ist ein Oberbegriff für die Gesamtheit der körperlichen, emotionalen und verhaltensbezogenen Symptome, die im Zusammenhang mit der Menstruation auftreten und zu Beschwerden oder Beeinträchtigungen im Alltag führen. Zu diesen Symptomen können Unterleibskrämpfe, Rückenschmerzen, Brustspannen, Stimmungsschwankungen, Reizbarkeit und Schlafstörungen gehören. Diese komplexen Auswirkungen gehen über den reinen Schmerz hinaus und spiegeln die vielschichtige Belastung wider, die die Menstruation mit sich bringen kann. Diese Fallserie stellt acht jugendliche Mädchen vor, die unter Menstruationsbeschwerden litten und erfolgreich mit individualisierter Homöopathie behandelt wurden. **Fallzusammenfassung:** Die Ergebnisse dieser Fallserie zeigen eine durchschnittliche Reduktion des Gesamtscores im Menstrual Distress Questionnaire (MED-Q) von 15,4 auf 0,0 nach sechs Monaten. Bei allen acht Patientinnen wurde eine vollständige Genesung von Dysmenorrhoe sowie der damit verbundenen körperlichen und/oder psychischen Belastung beobachtet. Der kausale Zusammenhang zwischen der homöopathischen Intervention und dem klinischen Ergebnis wurde anhand der modifizierten Naranjo-Kriterien (MONARCH) untersucht. Um die Ergebnisse zu bestätigen, sind weitere randomisierte, kontrollierte Studien mit einer größeren Stichprobe erforderlich.

किशोरियों में मासिक धर्म की परेशानी का व्यक्तिगत होम्योपैथिक उपचार: एक केस सीरीज़

पृष्ठभूमि: 'मेंस्ट्रुअल डिस्ट्रेस' एक बड़ा शब्द है जो मानसिक धर्म के दौरान होने वाले शारीरिक, भावनात्मक और व्यवहार से जुड़े लक्षणों को बताता है और रोज़मर्रा की ज़िंदगी में परेशानी या रुकावट पैदा करता है। इन लक्षणों में पेट में ऐंठन, पीठ दर्द, ब्रेस्ट में दर्द, मूड बदलना, चिड़चिड़ापन और नींद में गड़बड़ी शामिल हो सकते हैं। यह कष्ट सिर्फ दर्द से कहीं ज़्यादा है और मानसिक धर्म के कारण होने वाली कई तरह की

परेशानियों को दिखाता है। इस केस सीरीज़ में इससे परेशान आठ किशोर लड़कियों के बारे में बताया गया है, जिनका अलग-अलग होम्योपैथी से सफलतापूर्वक इलाज किया गया। **केस सारांश:** इस केस सीरीज़ के नतीजों से देखा गया कि बेसलाइन से छह महीने तक कुल मेंस्ट्रुअल डिस्ट्रेस प्रश्नावली (MEDI-Q) स्कोर में 15.4 से 0.0 तक की औसत कमी आई। सभी आठ मामलों में मानसिक धर्म से जुड़े कष्ट एवं शारीरिक या/और मानसिक परेशानी पूरी तरह ठीक हो गईं। होम्योपैथिक इलाज और क्लिनिकल नतीजों के बीच संबंध मॉडिफाइड नारंजो क्राइटेरिया (MONARCH) का इस्तेमाल करके किया गया। इन नतीजों को प्रमाणित करने के लिए बड़े सैंपल साइज़ के रैंडम कंट्रोलड ट्रायल की ज़रूरत है।

Tratamiento homeopático individualizado del malestar menstrual en 2adolescents. Una serie de casos.

Introducción: El malestar menstrual es un término amplio que describe el conjunto de síntomas físicos, emocionales y conductuales que se presentan durante la menstruación y que causan molestias o alteraciones en la vida diaria. Estos síntomas pueden incluir calambres abdominales, dolor de espalda, sensibilidad en los senos, cambios de humor, irritabilidad y alteraciones del sueño. Este complejo impacto va más allá del simple dolor y refleja la carga multifacética que puede suponer la menstruación. Esta serie de casos presenta a ocho adolescentes con malestar menstrual, tratadas con éxito con homeopatía individualizada. **Resumen del caso:** Los resultados de esta serie de casos demuestran una reducción media de la puntuación total del Cuestionario de Malestar Menstrual (MEDI-Q) desde el inicio hasta los seis meses, de 15,4 a 0,0. En los ocho casos se observó una recuperación completa de la dismenorrea y del malestar físico y/o psicológico asociado a la menstruación. La relación causal entre la intervención homeopática y el resultado clínico se determinó mediante los Criterios de Naranjo Modificados (MONARCH). Además, se necesitan ensayos controlados aleatorizados con un tamaño muestral mayor para validar los resultados.

青春期女孩月经不适的个体化顺势疗法治疗：病例系列

引言：月经不适是一个涵盖广泛的术语，用于描述月经前后出现的一系列生理、情绪和行为症状，这些症状会导致不适或日常生活受到干扰。这些症状包括腹部痉挛、背痛、乳房胀痛、情绪波动、易怒和睡眠障碍。这种复杂的影响不仅限于疼痛，还反映了月经可能带来的多方面负担。本病例系列报告了八名患有月经不适的青春期女孩，她们均成功接受了个体化的顺势疗法治疗。**病例总结：**本病例系列结果显示，所有八名患者的月经不适问卷 (MEDI-Q) 总分从基线时的15.4分降至六个月时的0.0分。所有八名患者的痛经、生理和/或心理不适均完全消失。采用改良的Naranjo标准 (MONARCH) 评估了顺势疗法干预与临床疗效之间的因果关系。此外，还需要更大样本量的随机对照试验来验证这些结果。