

A Qualitative Study to Determine the Efficacy of the Homeopathic Similimum in the Treatment of Premenstrual Syndrome

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Abstract: Premenstrual syndrome (PMS) is defined as the cyclical occurrence of physical and psychological symptoms in the luteal phase of the menstrual cycle. It is characterized by irritability, mood swings, anxiety and depression, breast tenderness, breast swelling and weight gain. The study aimed to determine the efficacy of the homeopathic similimum in the treatment of PMS. Eleven participants were recruited and nine completed the study. They participated in five homeopathic consultations over a period of four months. The researcher determined each participant's individual homeopathic remedy by evaluating their unique symptoms. During each cycle participants were required to score their daily symptoms on a PMS chart, the results of which were analyzed using the one-way Analysis of Variance (ANOVA).

Breast tenderness was ameliorated in the first month of treatment, while irritability, depression, breast swelling, abdominal bloating and food cravings improved in the second month of treatment. In the third month of treatment, the similimum was significantly effective in treating anxiety. The results of this study demonstrate that the homeopathic similimum is one method of investigating homeopathic treatment in PMS.

Keywords: premenstrual syndrome, homeopathic similimum, qualitative research

Introduction

Premenstrual syndrome (PMS) is defined as a constellation of emotional, behavioral and physical symptoms that occur in the luteal phase of the menstrual cycle and subside with the onset of menstruation. (1) Eighty percent of menstruating women experience some symptom of PMS, with forty per cent experiencing symptoms severe enough to interfere with their daily lives. (2) Despite the widespread incidence of PMS, a specific biological cause has not been identified, which is reflected in the variability of its clinical management. (3) Treatment is symptomatic depending on the nature of the primary symptom. Medical treatments for PMS are by no means standardized and often only treat some of the symptoms, or the major symptoms; for example, diuretics are prescribed for fluid retention, prolactin antagonists for breast tenderness and anti-depressants for depression. Due to the diverse symptomatology of PMS no one drug therapy is likely to suffice and numerous drugs are prescribed simultaneously. (4)

Purpose of the Study

The study made use of the individualized ("similimum") homeopathic remedy which was prescribed for the totality of each individual's psychological and physical symptoms and not merely the primary

symptom. It was hypothesized that the homeopathic similimum would reduce the severity of the premenstrual symptoms.

Methodology

The research project was a qualitative study that involved the individualized homeopathic treatment of ten volunteers suffering from PMS for a total of four menstrual cycles. The volunteers were screened for suitability and, during the course of the first consultation, the selected participants read and completed a consent form, after which the researcher conducted a thorough history taking and a physical examination.

A control of each participant's premenstrual symptoms was established by an initial treatment-free month; thereafter the participants were treated using a remedy selected according to their idiosyncratic symptoms for the remaining three months.

During each menstrual cycle the participants were required to score their daily symptoms of the syndrome on a PMS chart. The charts were collected at a monthly follow-up consultation where the case was evaluated and the management of the treatment was determined depending on the patients' progress.

The researcher submitted the results of the monthly PMS charts to a statistician who analyzed

them using the one-way ANOVA statistical analysis at the conclusion of the four menstrual cycles.

Sampling

Non-probability, incidental sampling was implemented to recruit 11 volunteers. The group included females of all ethnic groups between the ages of 18 and 45 years. Advertisements were distributed at the campus of the University of Johannesburg, homeopathic and medical practices and pharmacies informing possible participants of the details of the study.

For purposes of the study, participants had to comply with the following diagnostic criteria for PMS:

An increase in at least one of the following mental and physical symptoms, one to ten days before menses, in each of the three prior menstrual cycles:

- Mental Symptoms: irritability, depression, anxiety
- Physical Symptoms: breast swelling, breast tenderness, abdominal bloating, headache, food cravings
- Relief of the above symptoms within three days of the onset of menses, without recurrence until at least cycle day 12.

The participants were requested to discontinue the use of herbal or homeopathic medication, as well as therapies such as acupuncture, reflexology or therapeutic massage. The study initially included eleven participants, but two participants were excluded over the course of the study due to unrelated accidents and previous pathology.

The patients were required to sign a consent form to certify that they were participating voluntarily in the trial. They were informed that they could leave the trial at any time without any adverse consequences and they were informed of what was required of them for the duration of the study.

During the first consultation the patient was asked to participate in a thorough clinical interview. A physical examination of vital signs and the abdomen was conducted to exclude pathology that might mimic PMS or require additional treatment. Ailments that needed to be excluded were endometriosis, ovarian cysts or fibroids, and breast cancer. The vital signs that were examined were: blood pressure, pulse rate, temperature and respiratory rate. The abdominal examination included the following: inspection of the contour of the abdomen, auscultation, percussion, palpation of the abdomen to detect any tender areas or masses, splenic palpation and renal angle palpation.

Each participant was given a PMS chart to be completed during her menstrual cycle. Participants

were required to record their daily symptoms of PMS and to rate the intensity of their symptoms on a scale of zero to four, beginning at "no experience of symptoms" to "severe." The PMS symptoms chosen by the researcher to be measured in the study were: irritability, depression, anxiety, breast tenderness, abdominal bloating, headache and food cravings. Any additional symptoms were recorded on the PMS chart as well.

The first consultation took place once the first PMS chart was completed, after the first menstrual cycle. A placebo was administered after the initial consultation as it served as the base-line value for the participants' symptoms. The participants, thus, acted as their own controls and the investigation examined to what extent the participants differed compared with the initial case-taking and prior to the administration of a homeopathic remedy.

The participants received a follow-up interview and physical examination, after which the simillimum homeopathic remedy was prescribed. The participant was instructed how to take the remedy and a new PMS chart was issued to be filled in during the next menstrual cycle. The third and fourth consultations followed the same procedure as the second consultation, after which either the same homeopathic remedy, a different remedy or no remedy was prescribed. The final consultation occurred after the third month of treatment. The concluding PMS chart was completed and a follow-up history and physical examination conducted.

Each menstrual cycle recorded on the PMS chart was divided into four phases for statistical analysis:

- The follicular phase: The recorded period from after menstruation until ovulation. This period varied according to the length of the participant's menstrual cycle.
- PMS 1: The recorded period from ovulation to eight days before menstruation. This period was always one week, 8-14 days before menstruation.
- PMS 2: The recorded period one week before menstruation. This period was always one week, 1-7 days before menstruation
- Menstruation: This period varied according to the length of each participant's menstrual period.

Results from each participant's PMS chart were used to determine an individual average of each symptom during each phase of each participant's menstrual cycle. These averages were compared to the same phase of the following three menstrual cycles, where treatment was prescribed. The results of individual symptoms for each participant were graphically recorded.

The combined average of each physiological and physical symptom during each phase for all the participants' first menstrual cycles were obtained and compared to the same phase with homeopathic intervention. The combined results of individual symptoms for all participants were graphically recorded and tabulated to determine the overall efficacy of the homeopathic similimum treatment in PMS.

Statistical Significance

The hypothesis was that the homeopathic similimum would reduce the severity of premenstrual symptoms. In order to test this hypothesis the one-way ANOVA test was used and p-values were determined between each phase of the menstrual cycle during the four months of the research period. The p-value represents the statistical significance of the difference between the average score of the symptoms in the no-treatment month and the score of the three months of treatment. Significance was set at $p < 0.05$.

Results

Table One below demonstrates the prescribing

patterns that occurred in the research process. After the first consultation, no remedy was prescribed and the observations made by the participants were noted.

Irritability

Table Two demonstrates that the similimum was significantly effective in reducing premenstrual irritability during the week before menstruation, after the second and third months of treatment. It was also significantly effective in reducing irritability during menstruation in the second month of treatment. There was a significant increase in irritability during the follicular phase in the third month of treatment.

The results are presented in Graph One.

Depression

Table Three shows that the similimum was significantly effective in reducing premenstrual depression during the week before menstruation, during the first, second and third months of treatment. It also affected depression during the follicular phase in the third month of treatment.

Graph Two illustrates these results.

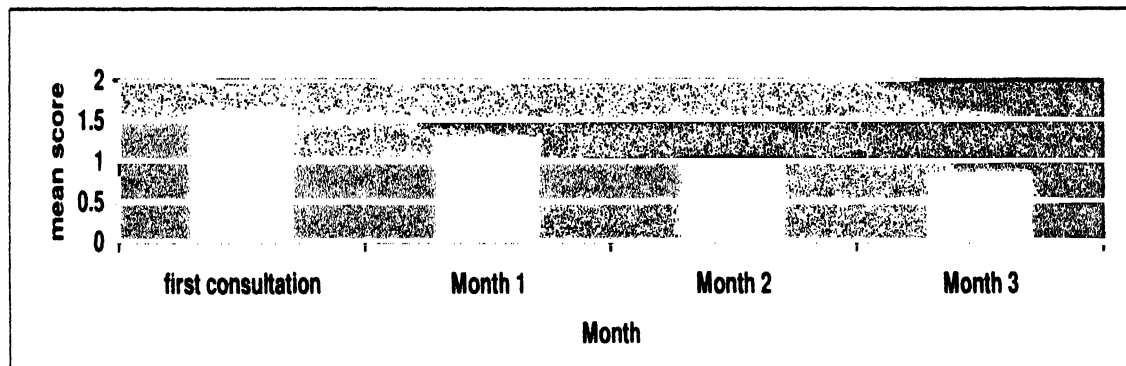
Table One: Individualized homeopathic remedies that were prescribed to the participants over the four month research period

	First consultation	Second consultation	Third Consultation	Fourth Consultation	Fifth Consultation
Ms A	Placebo	<i>Conium Maculatum</i> 200C (7 doses)	<i>Conium Maculatum</i> 30C (7 doses)	Placebo	No remedy
Ms B	Placebo	<i>Thuja Occidentalis</i> 30C, 200C, 1M	<i>Sabina</i> 30C during menstruation <i>Ferrum Phosphoricum</i> 6X for 2 weeks	<i>Platinum Metallicum</i> 200C Three doses	No remedy
Ms C	Placebo	<i>Natrium Muriaticum</i> 30C 14 doses	<i>Natrium Muriaticum</i> 30C 7doses	<i>Natrium Muriaticum</i> 6X 7 doses	No remedy
Ms D	Placebo	<i>Chamomilla</i> 200C 3 doses	<i>Sulphur</i> 30C 1 dose	<i>Sepia</i> 30C 3 doses	No remedy
Ms E	Placebo	<i>Lachesis muta</i> 30C, 200C, 1M	<i>Hypericum perforatum</i> 30C 5 doses	<i>Lachesis muta</i> 9C 5 doses	<i>Medorrhinum</i> 200C 2 doses
Ms F	Placebo	<i>Aurum metallicum</i> 30C, 200C, 1M	<i>Aurum iodum</i> 30C 8 doses	<i>Natrium muraticum</i> 30C	No remedy
Ms G	Placebo	<i>Lachesis muta</i> 30C, 200C 1M	Placebo	<i>Ignatia amara</i> 9C 14 doses	No remedy
Ms H	Placebo	<i>Ignatia amara</i> 200C, 1M, 10M	Placebo	Placebo	No remedy
Ms I	Placebo	<i>Sepia</i> 30C 4 doses	Placebo	Placebo	No remedy

Table Two: Various phases of the menstrual cycle and their relation to irritability

Phase	Month 1-Month 2		Month 1-Month 3		Month 1-Month 4	
	P-value	Significant / Not Significant	P-value	Significant/ Not Significant	P-Value	Significant / Not significant
Follicular Phase	>0,05	Not significant	>0,05	Not significant	>0,05	Significant increase 0,00815
PMS1	>0,05	Not significant	>0,05	Not significant	>0,05	Not Significant
PMS2	>0,05	Not significant	>0,05	Significant decrease 0.004	>0,05	Significant decrease 0,0010
Menstruation	>0,05	Not significant	>0,05	Significant decrease 0,0154	>0,05	Not significant

Graph One: Average results of irritability of all participants one week before menstruation over the four month research period.



Anxiety

Table Four shows that only after three months of homeopathic treatment did the anxiety decrease to a significant degree. Anxiety increased premenstrually in the second month.

Graph Three illustrates these results.

Breast Swelling

The similimum was effective in reducing premenstrual breast swelling one week before menstruation after the second and third visits. It was significantly effective in reducing breast swelling during the follicular phase in all three months of treatment.

See Table Five and Graph Four.

Breast Tenderness

The similimum was significant in treating premenstrual breast tenderness in the first two months

of homeopathic treatment.

See Table Six and Graph Five.

Abdominal Bloating

The similimum was significantly effective in reducing premenstrual abdominal bloating one week before menstruation in the first and second month of treatment and was successful in reducing abdominal bloating *during* menstruation after the second and third months of treatment.

See Table Seven and Graph Six.

Food Cravings

The similimum was significantly effective in reducing premenstrual food cravings before menstruation after the first, second and third months of treatment. It was also significant in reducing food cravings during menstruation in the second month

Table Three: Various phases of the menstrual cycle and their relation to depression

Phase	P-value	Significant / Not Significant	P-value	Significant / Not Significant	P-Value	Significant / Not significant
Follicular Phase	>0,05	Not significant	>0,05	Not significant	>0,05	Significant decrease: 0,00584
PMS1	>0,05	Not significant	>0,05	Not significant	>0,05	Not significant
PMS2	>0,05	Significant decrease 0,0004	>0,05	Significant 0,0003	>0,05	Significant decrease: 0,000001
Menstruation	>0,05	Not significant	>0,05	Not significant	>0,05	Not significant

Graph Two: Average results of depression of all participants one week before menstruation

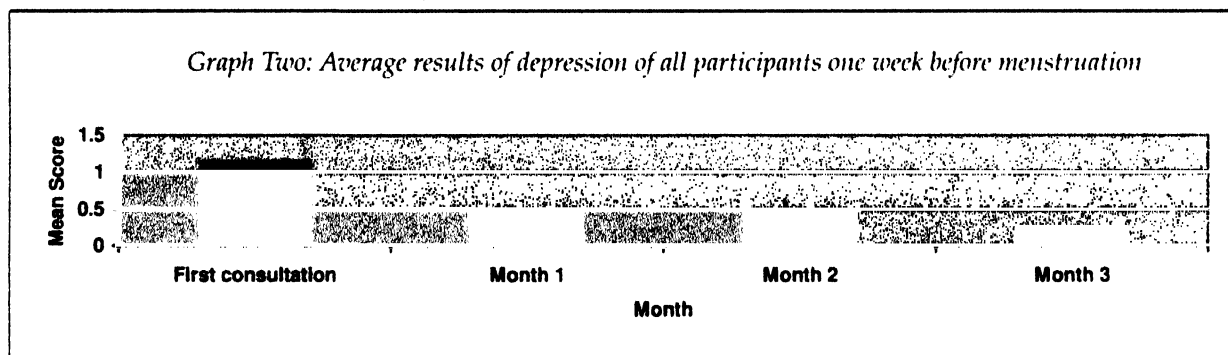


Table Four: Various phases of the menstrual cycle and their relation to anxiety

Phase	Month 1-Month 2		Month 1-Month 3		Month 1-Month 4	
	P-value	Significant/ Not Significant	P-value	Significant/ Not Significant	P-Value	Significant/ Not significant
Follicular Phase	>0,05	Not significant	>0,05	Not significant	>0,05	Significant decrease 0,0039
PMS1	>0,05	Not significant	>0,05	Not significant	>0,05	Not significant
PMS2	>0,05	Significant increase 0,029	>0,05	Not Significant	>0,05	Significant decrease 0,0070
Menstruation	>0,05	Not Significant	>0,05	Not Significant	>0,05	Not Significant

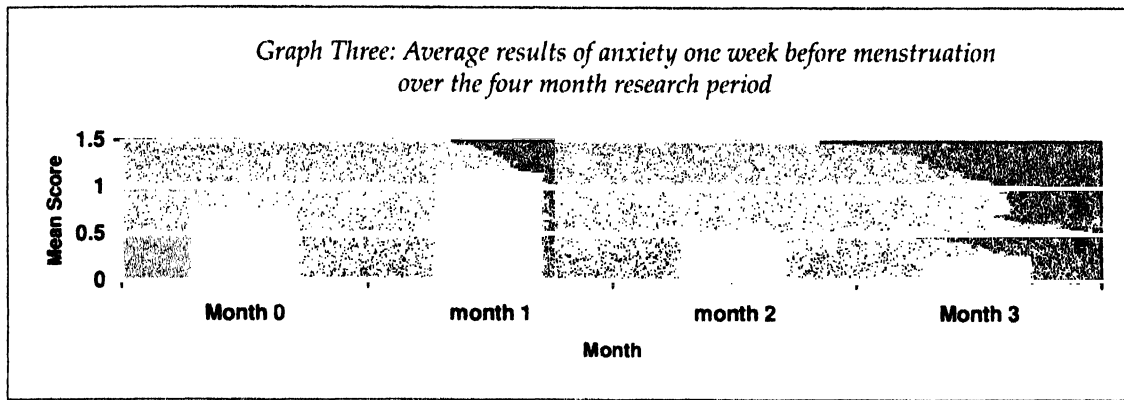


Table Five: Various phases of the menstrual cycle and their relation to breast swelling

Phase	Month 1-Month 2		Month 1-Month 3		Month 1-Month 4	
	P-value	Significant/ Not Significant	P-value	Significant/ Not Significant	P-Value	Significant/ Not significant
Follicular Phase	>0,05	Significant decrease 0,0133	>0,05	Significant 0,0120	>0,05	Significant 0,0119
PMS1	>0,05	Not Significant	>0,05	Not Significant	>0,05	Not Significant
PMS2	>0,05	Significant 0,029	>0,05	Significant 0,0001	>0,05	Significant decrease 0,0001
Menstruation	>0,05	Not Significant	>0,05	Significant decrease 0,00292	>0,05	Not significant

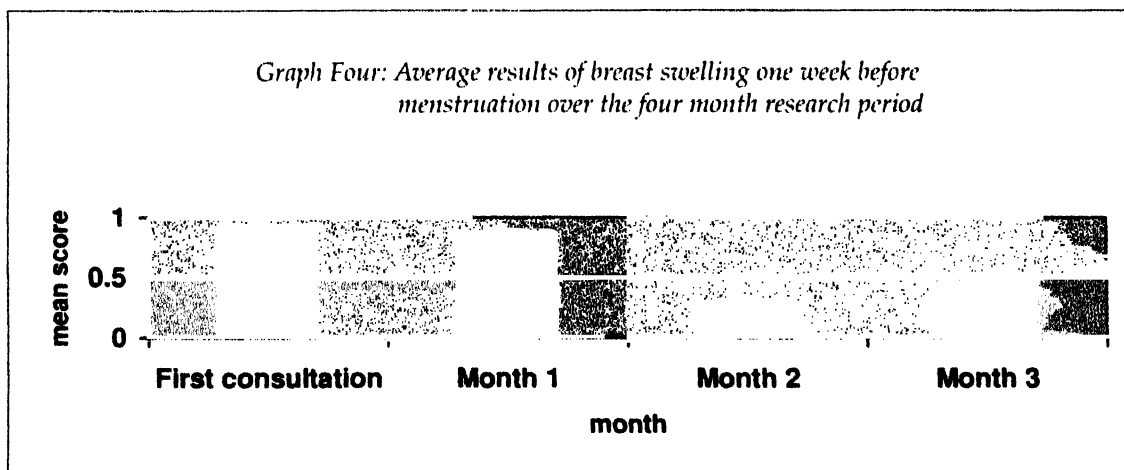


Table Sic: Various phases of the menstrual cycle and their relation to breast teanderness

Phase	Month 1-Month 2		Month 1-Month 3		Month 1-Month 4	
	P-value	Significant/ Not Significant	P-value	Significant/ Not Significant	P-Value	Significant/ Not significant
Follicular Phase	>0,05	Not significant	>0,05	Not significant	>0,05	Not Significant
PMS1	>0,05	Not Significant	>0,05	Not Significant	>0,05	Not Significant
PMS2	>0,05	Significant decrease 0,0001	>0,05	Not Significant	>0,05	Not Significant
Menstruation	>0,05	Not significant	>0,05	Significant decrease 0,008	>0,05	Not Significant

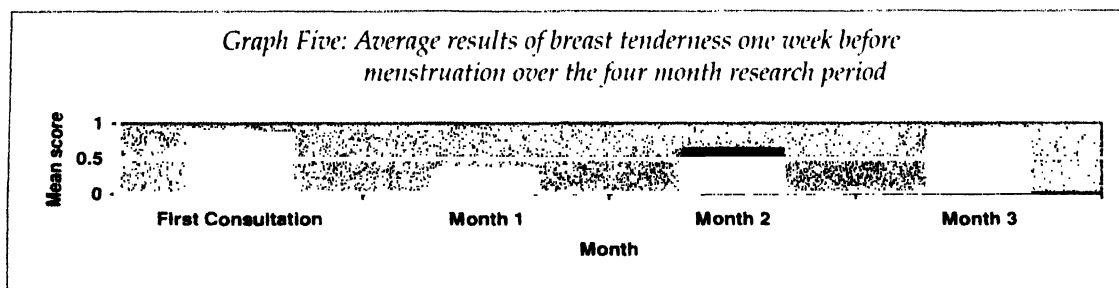


Table Seven: Various phases of the menstrual cycle and their relation to abdominal bloating

Phase	Month 1-Month 2		Month 1-Month 3		Month 1-Month 4	
	P-value	Significant/ Not Significant	P-value	Significant/ Not Significant	P-Value	Significant/ Not significant
Follicular Phase	>0,05	Not significant	>0,05	Not significant	>0,05	Not significant
PMS1	>0,05	Not significant	>0,05	Not significant	>0,05	Not significant
PMS2	>0,05	Significant decrease 0,00007	>0,05	Significant decrease 0,006	>0,05	Not significant
Menstruation	>0,05	Not significant	>0,05	Significant decrease 0,016	>0,05	Significant decrease 0,027

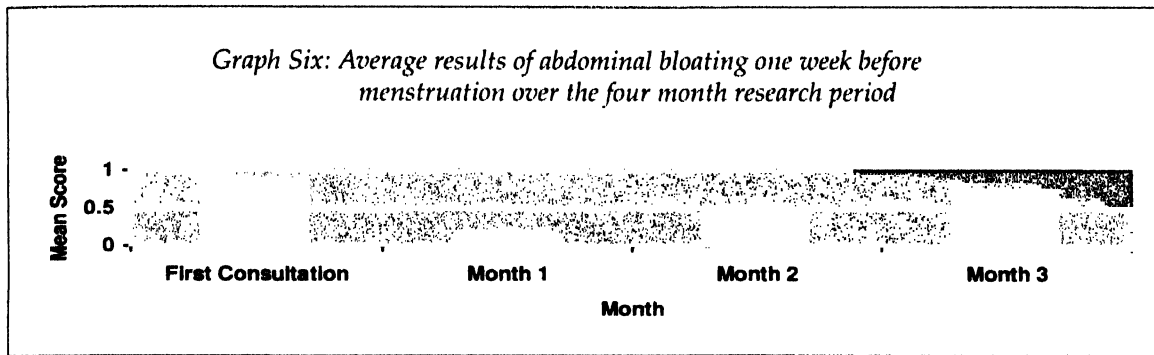


Table Eight: Various phases of the menstrual cycle and their relation to food cravings

Phase	Month 1-Month 2		Month 1-Month 3		Month 1-Month 4	
	P-value	Significant/ Not Significant	P-value	Significant/ Not Significant	P-Value	Significant/ Not significant
Follicular Phase	>0,05	Not significant	>0,05	Not significant	>0,05	Not significant
PMS1	>0,05	Not significant	>0,05	Not Significant	>0,05	Not significant
PMS2	>0,05	Significant decrease 0,031	>0,05	Significant decrease 0,002	>0,05	Significant decrease 0,009
Menstruation	>0,05	Not significant	>0,05	Significant decrease 0,00005	>0,05	Not significant

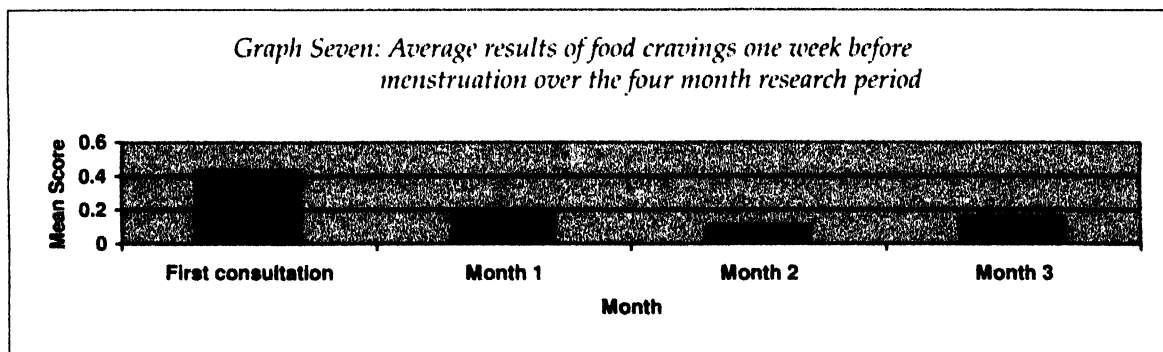
of treatment.
See Table Eight and Graph Seven.

Discussion

The homeopathic similimum was significant in

reducing premenstrual symptoms of irritability, depression, breast swelling, abdominal bloating and food cravings one week prior to menstruation in the second month of treatment.

It is hypothesized that the relative delay in improve-



ment may be due to the fact that the homeopathic remedy may have taken longer to act, or that the similimum was prescribed too close to menstruation, resulting in an insufficient amount of time to act.

The lack of significant changes in the third month of treatment may indicate that another remedy or a higher potency of the homeopathic remedy was necessary to maintain the beneficial results achieved in the second month of treatment.

There was an initial increase in premenstrual anxiety in the first month of treatment. This may have been due to an aggravation from the homeopathic remedy. The anxiety levels decreased in the second month (however, not to a statistically significant degree) and in the third month statistical significance was reached ($p=0.00709$).

The homeopathic similimum was effective in reducing premenstrual breast tenderness in the first month although the effect was not sustained.

Clinical Applications

Premenstrual syndrome is a conglomeration of various mental and physical symptoms that are amenable to homeopathic treatment. The study demonstrated the value of the homeopathic similimum in the treatment of the syndrome, indicating the supremacy of the totality of symptoms over the individual symptomatic presentation of the disease. The individualized prescription and management of the case has shown to be of benefit in this study, as mind and body symptoms were covered by one remedy. The study also illuminated the fact that homeopathic treatment acts relatively quickly, given that in many cases the doses acted within one cycle and that the results were enduring. In addition, the study demonstrated that the physical symptoms were ameliorated initially and that the mental symp-

toms, which according to homeopathic philosophy represent disturbances on a deeper level, took longer to improve.

Conclusions

The homeopathic similimum was effective to a statistically significant degree in treating the symptoms of irritability, depression, breast swelling, abdominal bloating and food cravings. Homeopathy as a holistic form of treatment should be considered as a safe alternative for those experiencing the great variety of symptoms that are clustered under the condition "premenstrual syndrome."

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