

A Clinical Study of Miasmatic Predominance in the Management of Cases of Dysmenorrhoea in the Age Group of 15-35 Years

Navneet Pal Kaur¹, Arvind D Mahajan², Arun .B. Jadhav³

¹M.D (Hom) Scholar, ² Prof, Head of the Department M.D(Hom), ³Prof., Principal, Head of the Institute
M.D(Hom) Ph.D (Hom)

Department of Homoeopathic Philosophy & Organon of Medicine Bharati Vidyapeeth Homoeopathic Medical College & Hospital Pune, Maharashtra, India

Corresponding Author: Navneet Pal Kaur

ABSTRACT

A clinical study was conducted to see the scope of homoeopathic anti-miasmatic remedies in the cases of dysmenorrhoea along with the predominant miasm existing in the clinical condition. The most suitable anti-miasmatic remedy was prescribed in each case. In the modern era every individual has a promising role to play in the economy and basic structure of a country. Women being an important part although working hard but because of the pain and discomfort during the monthly menstrual cycle are not able to perform well. There are various reports regarding this which show that about 90% of woman of child bearing age are affected by dysmenorrhoea. In order to overcome this, they take various medicines which have a negative impact in future. Therefore, homeopathy has a promising role to play in the cases of dysmenorrhoea. This study was undertaken to evaluate the effectiveness of anti-miasmatic remedies in the cases of dysmenorrhoea.

Keywords: Dysmenorrhoea, Miasm, Anti-miasmatic remedy, Homeopathy

INTRODUCTION

Menstruation has always been a taboo in India where the status of woman is still questionable. There are various rituals and customs and festivals in Indian society in which women during menstruation are still not allowed to visit temples to perform religious, auspicious and social duties. Women today are working shoulder to shoulder with their men counterpart among all this they face the monthly horror of menstrual pain. Dysmenorrhoea has a serious impact on the economy of a country as every woman who is going through this, skips the office and even school and college for a day or two. In the developing nation like India each day has a huge impact on economy and growth of the country one cannot afford the loss of time. Due to all these prevailing conditions women are

supposed to annihilate the pain and move on, and usually it is done by using various NSAIDS and analgesics which have a serious long term effects on the woman health also known as Adverse Drug Reaction (ADR). These medicines can lead to gastrointestinal bleeding and renal dysfunction. Studies from India reported the prevalence range of dysmenorrhoea between 50% to 87.8%. Other studies reported that dysmenorrhoea affects 90% of woman of child bearing age to varying degree.

Miasmatic prescribing:

Miasm is an invisible, dynamic, disease producing potential. It is called Prima Causa morbi (fundamental cause for all-natural diseases), the Causa Causorum (cause for the causes). It is the fundamental and efficient cause of all sickness and

creates obstacles in the process of cure. Miasm is term comparable to diathesis, dyscrasia, constitution or terrain. Hahnemann recognized three miasms, which he called Psora, Sycosis, Syphillis.

Dr Hahnemann gave the theory that every living organism is formed of MIND, BODY, and SPIRIT (by spirit he meant vital force). Therefore, it becomes essential for a rational homeopath to understand the significance of this trinity both individually and collectively. One can only then perceive the configuration of a living constitution in its totality, its physio-pathogenesis and its cure.

It is important to accept the fact that at present, each human being is characterised by a miasmatic modulation through which its individuality tries to emerge. For a true homeopath it becomes essential to know about the miasm of underlying disease condition, it will not only help in deducing the true picture of that individual but also the evolution and prognosis of that condition.

MATERIAL AND METHODS

Case Definition

Patients presenting with the complaints of painful menstruation in the age group of 15-35yrs where treated on the basis of the predominant miasm present with the help most suitable anti-miasmatic prescription along with the given consent form.

Subjects:

30 cases of dysmenorrhoea were enrolled with given consent form

Inclusion Criteria

- . Patients having dysmenorrhoea for more than 2 months
- . Age group 15-35yrs
- . Normal menstrual cycle for more than 6 months
- . Provide written consent form
- . Fulfilling all inclusion criteria
- . Have experienced two or more symptoms associated with primary dysmenorrhoea: nausea, vomiting, diarrhoea, constipation, fatigue, irritability, breast tenderness

Exclusion Criteria:

- . Patients requiring emergency medical treatment and with any complications
- . Any advance pathology or malignancy
- . If they have any sexually transmitted disease or infection
- . Patients without written consent.

Duration: 12 months

Study Procedure

30 cases were enrolled for Dysmenorrhoea as per the case definition and a proper case taking according to a given format was done. Later the symptoms of abdominal pain, nausea and vomiting, constipation, diarrhoea, fatigue, irritability, flow, mood swings, leucorrhoea, headache, pain extremities, breast tenderness were marked according to their intensity using VAS scale from a score of 0-10. The predominant miasm in each case was found and the most similar anti-miasmatic remedy in potency of 30CH, 200CH, 1M was given according to the case. Anti-miasmatic remedy along with placebo was given for 30 days. A monthly follow up of each case was taken.

Statistical analysis: Statistically analysis was done by using paired t test on each case before and after treatment.

RESULT

The study of 30 cases included females from age group of 15-35yrs. It was noted that primary dysmenorrhoea was more predominant in the age of 15-25yrs and secondary was present in 28-35yrs group. The predominant miasm was Psora in 15 cases, Psoro-Sycotic 6, Sycotic 4, Tubercular 4 and 1 case of mixed miasm.

Age distribution: -

Table 1 Mean age

AGE	STUDY GROUP
MEAN AGE	23.7
15-25yrs	16
25-35yrs	14

MIASM:

Table 2 Miasmatic Diagnosis

Miasm	Total patients
Psora	15
Sycotic	4
Tubercular	4
Psoro-Sycotic	6
Mixed Miasmatic	1
Syphillis	0

Table 3 Effectiveness of Anti-miasmatic Prescribing

Result	No of patients	Percentage
Relieved	22	73.3%
Improved	4	13.3%
No Relief	4	13.3%

*No relief in 4 cases indicates the obstacle to cure as given by Dr Hahnemann in Aph. 3,5,260.

Statistical analysis:

The data was tabulated as mean± standard deviation. Result was analysed using parametric paired (two tailed t-test). Statistical analysis was done by applying paired t test with the help of Graph pad prism version 8 assessment done by the VRS scale before and after the study. T value 22.98 with p value 0.0003 which is highly significant thus rejecting the null hypothesis.

Result: Total 30 patients were selected for the study from the age group of 15-35 years. Out of which 16 were from age group of 15-25 years and 14 from 25-35 years. The Predominant miasm Psora was present in 15 patients and Psoro-Sycotic in 6 patients. The 12 symptoms taken into consideration for evaluation of dysmenorrhoea were measured using VRS scale both before and after treatment and hence the p value calculated was < 0.0003.

DISCUSSION

A sample size of 30 cases was selected in the age group of 15-35yrs of both the cases of primary and secondary dysmenorrhoea. Each case was taken according to the homeopathic case performa and a totality of symptoms was generated. The symptoms forming the totality were later analysed and were converted into rubrics. Then the miasm related to each rubric was found with the help of miasmatic reference books and repertorization was done. The remedy which covered maximum rubrics and the miasm given was prescribed. Also, the symptoms of dysmenorrhoea were analysed by using VRS scale a list of 12 symptoms were marked according to their intensity both before and after treatment by the patient. The collected data was analysed

using statistic tool Paired t test with the help of graph pad prism.

CONCLUSION

From the study it was concluded that homoeopathy has a great role to play in the cases of dysmenorrhoea leading to improvement in HRQOL of the individuals. Anti-miasmatic prescribing by taking the whole individual picture of the patient has a great effect in the condition. 73.33% relief was seen in the 30 patients that were taken for study. No relief was seen in 13.3% of patients due to presence of obstacles to cure in certain cases and the reference of this can be found in organon of medicine in Aph. 3,5 and 260 as given by Dr Hahnemann. In order to remove such obstacles intercurrent remedies must be prescribed and cases have to be observed for longer period of time and may also require any other mode of treatment. Also the area in which the study was done had more students and young working females around therefore maximum cases were of primary dysmenorrhoea.

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Abbreviations: HRQOL (Health Related Quality Of Life), VRS (Verbal Rating Scale), NSAIDS (non-steroidal anti-inflammatory drugs), SD (Standard Deviation), Aph. (Aphorism).

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 - ii Graph pad prism version 8

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