THE EFFICACY OF THE HOMEOPATHIC SIMILIMUM IN THE TREATMENT OF THE SYMPTOMS OF PRIMARY DYSMENORRHOEA IN BLACK FEMALES

A dissertation submitted to the Faculty of Health Science, University of Johannesburg, as partial fulfillment for the Masters degree in Technology in the programme Homeopathy

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Johannesburg, 2009
DECLARATION

I, Mamokiti Eunice Mokabane, declare that this dissertation is my own unaided work. It is being submitted for the Degree of Master of Technology at the University of Johannesburg, Gauteng. It has not been submitted before for any degree or examination in any other Technikon or University.

______________________________
(Signature of Candidate)

___________ day of_________________
ABSTRACT

Dysmenorrhoea is the most common of all gynaecological complaints, leading to absence from work or school and the inability to participate in sports or other activities (Edmundson et al, 2006). Headache, nausea, constipation or diarrhoea, and urinary frequency are common concomitant symptoms; vomiting occasionally occurs (Beers et al, 2006). In research by Klein and Litt, although black adolescents reported no increased incidence of dysmenorrhoea, they were absent from school more frequently than whites (Callis, 2006).

Primary dysmenorrhoea is defined as severe or incapacitating uterine cramping during ovulatory menses, in the absence of demonstrable disorders of the pelvis (Carr and Bradshaw, 2005). Primary dysmenorrhoea is related to excessive production of prostaglandins which cause ischaemia in the myometrium of the uterus, with increased contraction and vasoconstriction (Callis, 2006).

The aim of this study was to evaluate, using case studies, the effect of the homeopathic similimum in the treatment of the symptoms of primary dysmenorrhoea in black females. Evaluation was based on the evaluation of symptoms form (Appendix E), which rated the common symptoms namely lower abdominal pain, nausea, vomiting, diarrhoea, constipation, fatigue, irritability, mood swings, menstrual flow and breast tenderness, and on the history taken and follow up consultation, looking at overall symptom change of each participant.

The research study used a convenience sample of ten black females, aged between eighteen and twenty-five, who had been suffering from primary dysmenorrhoea for the previous three or more months. The volunteers were recruited by advertising posters (Appendix A) on the University of Johannesburg campuses. They were given an information and consent form (Appendix B) to read, understand and complete if they agreed with the given information and explained procedures. They were then screened for suitability using a screening questionnaire (Appendix C). From this questionnaire ten suitable participants were selected.

A full case history of each participant was taken and a full physical examination (Appendix F) was conducted on each of the ten suitable participants. The full case and physical examination findings were evaluated and a homeopathic similimum remedy was selected under supervision of the research supervisor.
Data was collected from the *evaluation of symptoms form* (Appendix E), and this was statistically analysed and is presented graphically. From the *case history* (Appendix C) and *follow-up* (Appendix D) forms, data was analysed by the researcher and it was discussed in terms of clinical efficacy.

The outcome of this study showed the statistical and clinical effectiveness of homeopathic similimum treatment in reducing or improving primary dysmenorrhoea and the symptoms associated with it, in black females.
DEDICATION

This study is dedicated to:

- My Dad and Mom for giving me unlimited support and courage through this path.
- To my sister Keletso and my brother Walter for standing by my side all the way.
ACKNOWLEDGEMENTS

I would like to sincerely thank the following individuals for their contribution to this project:

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CHAPTER ONE

INTRODUCTION

1.1 Problem Statement

Primary dysmenorrhoea is one of the most common gynaecological complaints. In affected females, this condition can lead to absence from work or school and the inability to participate in sports or other activities during menses (Edmundson et al., 2006). The peak incidence of primary dysmenorrhoea occurs in late adolescence and the early twenties. In research by Klein and Litt, black adolescent females reported no increased incidence of dysmenorrhoea but they were absent from school more frequently than white females (Callis, 2006).

Primary dysmenorrhoea is defined as menstrual pain not associated with pelvic pathology. The menstrual pain is related to excessive prostaglandin production which causes ischemia in the myometrium of the uterus, with increased contraction and vasoconstriction (Callis, 2006). Primary dysmenorrhoea may be associated with the following symptoms: nausea, constipation, diarrhoea, headache, urinary frequency, and occasionally vomiting. In addition, premenstrual symptoms of irritability, nervousness depression and abdominal bloating may persist during the menses (Beers et al., 2006).

Allopathic treatment of dysmenorrhoea is aimed at providing symptomatic relief but has been shown to have many side-effects and risks (Edmundson et al., 2006). The treatment is usually nonsteroidal anti-inflammatory drugs and/or the contraceptive pill (Coco, 1999).

Other therapies used are herbal treatment, naturopathy and use of dietary supplements, and physical treatment such as heat and cold, TENS and spinal manipulation. These therapies are limited and can be very costly. Herbal treatment of dysmenorrhoea has not been thoroughly researched. Dietary supplements are only regulated as foods and not as drugs and therefore they can be marketed to consumers without support for claims made of efficacy and safety (Dennehy, 2007).

Homeopathy is also used to treat primary dysmenorrhoea. Homeopathy is a system of therapy that restores health by stimulating the body’s own system of defence and repair (South African Faculty
of Homeopathy, 2008). Homeopathic treatment is generally cost effective and non-invasive. The homeopathic remedies have little or no side-effects (Hershoff, 2000). The Homeopathic similimum is the remedy that fits the local, mental and general symptoms of the patient, which when used brings about a rapid and gentle cure (De Schepper, 2001).

Several research studies on the use of the homeopathic similimum have shown efficacy in treatment of various conditions. In a small pilot study at Technikon Witwatersrand now University of Johannesburg, the Homeopathic similimum was found to reduce primary dysmenorrhoea and ameliorate general associated symptoms (Christie et al, 2005).

This particular study aims at evaluating the efficacy of the homeopathic similimum in the treatment of the symptoms of primary dysmenorrhoea in black females. It will be part of a larger study which will compare the presentation and response of different demographic groups in the treatment of the symptoms of primary dysmenorrhoea using the homeopathic similimum.

1.2 Importance of the problem

The true prevalence of primary dysmenorrhoea is difficult to establish due to inconsistencies in the definitions used and the populations studied, but dysmenorrhoea is reported to affect between 40% and 70% of women of reproductive age (Raine-Fenning, 2005). A population-based study in Canada found that 60% of respondents met diagnostic criteria for primary dysmenorrhoea. More than half of these women had moderate to severe pain, and 51% also reported that the symptoms of dysmenorrhoea limited their normal activities (Zhu X, 2008). There are even reported prevalence rates as high as 90% (Nasir and Bope, 2004). The symptoms may be so severe that, according to the study at the University of Nebraska at Omaha, Columbus, 1 in 13 sufferers are incapacitated for 1 to 3 days per month, impacting on school and work attendance (Nasir and Bope, 2004).

Some evidence shows that there is an increased incidence or occurrence of more severe episodes of primary dysmenorrhoea in women who are obese or who smoke and in those who are nulliparous, delay child bearing, or are sexually inactive. Onset is usually before the age of 25 to 30 years with the incidence decreasing with age (University of Texas, 2000).
1.3 The aim of the study

The aim of this research study was to evaluate, using case studies, the effect of the homeopathic similimum on black females suffering from severe primary dysmenorrhoea. Evaluation was based on an *evaluation of symptoms form* (Appendix D); symptoms evaluated included lower abdominal pain, nausea, vomiting, diarrhoea, constipation, fatigue, irritability, mood swings, breast tenderness and menstrual flow. It was also based on the history taken and follow up consultations, looking at overall symptom changes of each participant.

1.4 Hypothesis

It was hypothesized that the homeopathic similimum remedy would reduce the symptoms of primary dysmenorrhoea in black females aged 18 to 25 years.

1.5 Assumptions

It is assumed that:

- The participants in the study took the homeopathic remedies in the prescribed manner.
- The participants in the study have honestly recorded and reported all symptoms and changes that occurred.
- The participants in the study did not take any form of medication for the treatment of dysmenorrhoea during the study.
- The participants did not significantly change their normal lifestyles, exercise routines or dietary habits immediately prior to, or during the study.

1.6 Limitations of the method

The following variables were considered:

- The participants’ co-operation in revealing their symptoms honestly.
- The participants’ abilities to take the prescribed remedies in the correct manner.
• The participants’ honesty in reporting and recording all observed symptoms changes accurately.
• The researcher’s knowledge of the principles of homeopathy and the materia medica, as the prescribed remedy and case analysis were dependent on the researcher’s case taking abilities, understanding, interpretation and evaluation of the cases, and selection of the similimum remedy.
• The researcher did not address diet and supplementation, exercise or psychological management as the focus of this study was on individualised homeopathic similimum treatment only.

1.7 Validity and reliability measures

• The homeopathic remedies used in this research were prepared according to recognised pharmacopoeia and were dispensed correctly by the researcher under supervision of a qualified clinic dispenser.
• The researcher did not change anything in terms of participants’ lifestyle; therefore the outcomes of the study were based on homeopathic treatment only.
CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

2.1 Introduction

Primary dysmenorrhoea is a cyclic pain associated with the ovulatory cycle in the female without demonstrable lesions affecting reproductive structures. It usually begins within the first six to twelve months after menarche once a regular ovulatory cycle has been established (Beers et al., 2006). The peak incidence of primary dysmenorrhoea occurs in late adolescence and the early 20s. In an epidemiologic study of an adolescent population (aged 12-17 years), Klein and Litt reported a prevalence of dysmenorrhoea of 59.7%. Although black adolescents reported no increased incidence of dysmenorrhoea, they were absent from university more frequently than white females (Callis, 2006).

Dysmenorrhoea itself is not life-threatening, but it can have a profoundly negative impact on a woman's day-to-day life. In addition to missing work, school or university, she may be unable to participate in sports or other activities, compounding the emotional distress brought on by the pain (Edmundson et al., 2006).

2.2 Physiology of the menstrual cycle

Menstruation is the cyclic, approximately monthly vaginal discharging of sloughed endometrium that occurs throughout a woman’s reproductive life (Beers et al., 2006). During this cycle, changes are seen in the endometrium, ovaries, uterus, hormonal levels, vaginal epithelium and the basal body temperature (Patil and Deshpande, 2000). The menstrual cycle begins at puberty. The first cycle known as menarche, naturally occurs between ages 11 to 12, and continues until 45 to 50 years of age when the last menstrual period or menopause occurs (Martini, 2004).

The menstrual cycle is controlled by the female hormonal system which consists of the following hierarchies of hormones as discussed by Guyton and Hall (2000):

- Gonadotropin releasing hormone (GnRH): released by the hypothalamus.
- Follicle stimulating hormone (FSH) and Luteinizing hormone (LH), released by the anterior
pituitary gland. (FSH) and (LH) are secreted in response to the releasing hormone GnRH from the hypothalamus.

- The ovarian hormones: oestrogen and progesterone, which are secreted by the ovaries in response to the FSH and LH from the anterior pituitary gland.

The menstrual cycle is divided into the following phases:

- Follicular phase: This is divided into early follicular phase and late follicular phase.
  - In the early follicular phase or the first half of the follicular phase, the primary event is the growth of recruited ovarian follicles. At this stage the anterior pituitary gland contains little LH and FSH, therefore oestrogen and progesterone production are low. As a result the pituitary gland increases its overall FSH secretion slightly, stimulating the growth of recruited follicles. Circulating LH levels also increase slowly, beginning one to two days after the increase in FSH. The recruited ovarian follicles soon increase production of oestradiol, which stimulate LH and FSH synthesis, but inhibit their secretion (Beers et al., 2006).
  - During the second half of follicular phase (late follicular phase), the follicle selected for ovulation matures and accumulates hormone-secreting granulosa cells. Its antrum enlarges with follicular fluid, reaching 18 to 20mm just before ovulation. This follicle produces the hormone ‘inhibin’, which inhibits FSH secretion but not LH secretion (Beers et al., 2006).

- Ovulatory phase (Ovum release): Oestradiol levels usually peak as the ovulatory phase begins. Progesterone levels also begin to increase. Stored LH is released in large amounts (LH surge), usually over 36 to 48 hours. The LH surge stimulates enzymes that initiate the breakdown of the follicle wall and release of the now mature ovum within approximately 16 to 32 hours after the LH surge. The LH surge also triggers completion of the first meiotic division of the oocyte within about 36 hours (Beers et al., 2006).

- Luteal phase: after ovulation, the empty follicle is stimulated by LH to become the corpus luteum (Fox, 2004). The corpus luteum primarily secretes progesterone in increasing quantities. The progesterone stimulates the development of the secretory endometrium, which is necessary for embryonic implantation and increases the female basal body temperature by approximately 0.5 degrees Celsius for the duration of the luteal phase due to its thermogenic action. Because levels of circulating oestradiol, progesterone, and inhibin are
2.3 Types of dysmenorrhoea

There are two main types of dysmenorrhoea. These are:

- Primary (functional) dysmenorrhoea which is characterised by recurrent cramping pain during ovulatory menses in the absence of a demonstrable disorder in the pelvis (Carr and Bradshaw, 2005). This can further be divided into two types as follows
  - Spasmodic dysmenorrhoea: in which uterine spasm leads to compression of nerve endings thereby producing pain. Pain may radiate to the inner and medial thighs, abdomen and back. This usually occurs on the first day of menstruation. The pain tends to be intermittent, colicky and may be severe; it may cause fainting, nausea and vomiting (Patil and Deshpande, 2000).
  - Membranous dysmenorrhoea: When the endometrial shreds are cast off in large pieces, the passing of these pieces from the narrow cervical canal becomes difficult. In addition excessive bleeding from the uterine endometrial bed results in clot formation. Passing these clots through the cervical canal becomes difficult. Passage of larger pieces shed from the endometrium, and of the clots causes severe pain (Patil and Deshpande, 2000).

- Secondary (organic) dysmenorrhoea: This is pain during menses caused by a demonstrable lesion (Beers et al., 2006), or menstrual pain resulting from anatomic and/or macroscopic pelvic pathology. The following pelvic pathologies can lead to secondary dysmenorrhoea: endometriosis, pelvic inflammatory disease, ovarian cysts and/or tumours, cervical stenosis and occlusion, adenomyosis, uterine fibroids, uterine polyps, intrauterine adhesions, congenital malformations (e.g. bicornuate uterus, subseptate uterus), transverse vaginal septum and pelvic congestion syndrome (Callis, 2006).
2.4 Causes of primary dysmenorrhoea

The uterus is primarily a muscle therefore it can contract and relax. During menses, these contractions can become quite strong, sometimes causing cramping pain (ACOG, 2006). Arachidonic acid is released from phospholipids in the plasma membrane and is converted to prostaglandins by cyclo-oxygenase (COX). During menstruation sloughing endometrial cells release prostaglandins which cause ischaemia in the myometrium with increased contraction and vasoconstriction. In addition vasopressin from the posterior pituitary gland is involved in myometrial hypersensitivity, reduced uterine blood flow, and pain in primary dysmenorrhoea (Callis, 2006). These cramps will be worse if there are large clots to pass through the cervical os (Beers et al., 2006).

Other factors contributing to dysmenorrhoea include malposition of the uterus, lack of exercise and increased stress or anxiety (Beers et al., 2006). Risk factors for dysmenorrhoea include younger age, nulliparity, heavy menstrual flow, smoking, obesity, poor diet and depression (French, 2005).

2.5 Signs and symptoms of primary dysmenorrhoea

Primary dysmenorrhoea is characterised by sharp pains or cramps which present as a spasmodic/colicky sensation. This may sometimes be described as a labour-like pain and is usually centred in the suprapubic area. Usually the pain starts at the beginning of the period and lasts for a few hours but in some women it may continue for a few days (Schaetzing, 2006). Pain may radiate to the back of the legs or the lower back (Coco, 1999). Headache, nausea, constipation or diarrhoea, and urinary frequency are common concomitant symptoms; vomiting occasionally occurs (Beers et al., 2006). Primary dysmenorrhoea almost invariably occurs in ovulatory cycles and usually appears within a year after menarche. (Callis, 2006).
2.6 Allopathic treatment

2.6.1 Nonsteroidal anti-inflammatory drugs

Most patients with primary dysmenorrhoea show subjective improvement using nonsteroidal anti-inflammatory drug (NSAID) treatment. These medications work through the inhibition of the production and release of prostaglandins, by blocking the enzyme, cyclo-oxygenase (COX). Prostaglandins are responsible for the painful uterine contractions and associated systemic symptoms of primary dysmenorrhoea, such as nausea, vomiting and diarrhoea (Coco, 1999). Cyclo-oxygenase (COX) is divided into cyclo-oxygenase-1 (COX-1) and cyclo-oxygenase-2 (COX-2). Nonsteroidal anti-inflammatory drugs (NSAIDs) can be non selective COX meaning they inhibit both cyclo-oxygenase-1 (COX-1) and cyclo-oxygenase-2 (COX-2) or COX-2 selective meaning that they inhibit cyclo-oxygenase-2 (COX-2) only (Ogbru, 2009).

2.6.1.2 Side-effects of Non-steroidal anti-inflammatory drugs

Side-effects of these medications include hypersensitivity, peptic ulcer, gastrointestinal bleeding or even perforation, and a high risk of increased bleeding (Edmudson et al., 2006 and Ogbru, 2009). The hypersensitivity reaction may take the form of skin rashes, rhinitis, angio-oedema, or bronchospasm. They may also cause cerebral depression, headaches and drowsiness, tinnitus and blurred vision (Skinner, 1998). COX-2 selective nonsteroidal anti-inflammatory drugs (NSAIDs) cause less bleeding and fewer ulcers than other NSAIDs but have shown an increase in the incidence of thrombolytic events, and cardiovascular events, including myocardial infarction and stroke (Ogbru, 2009).

2.6.2 Hormonal drug treatment (the Contraceptive Pill)

The contraceptive pill contains various amounts of the hormones oestrogen and or progestin to induce contraception by inhibiting ovulation. Oestrogen blocks pituitary release of FSH (see 2.2), preventing the ovary from developing a follicle from which the ovum is released, while progestin inhibits pituitary release of LH (see 2.2), the hormone responsible for triggering the release of the ovum from the follicle. The two widely used oral contraceptives are oestrogen/progesterone combination and the progestin-only contraceptive (Clayton and Stock, 1997).
2.6.2.1 Combination contraceptive pill

The combination contraceptive pill suppresses follicular development and thereby inhibits ovulation preventing fertilisation (Armstrong and Federman, 2005). Oestrogen and progestin alter cervical mucus by making it thick and viscous, and they also inhibit mobility of uterine and oviduct muscle, reducing the cramping pain in dysmenorrhoea (Clayton and Stock, 1997).

2.6.2.2 Progestin only contraceptive pill

The progestin only contraceptive pill alters the frequency of GnRH pulsing and decreases pituitary gland responsiveness to GnRH. It inhibits endometrial proliferation and promotes endometrial secretion. It may also be the case that an egg is unable to implant in an endometrium that is continuously exposed to progestin. Patients taking these drugs do not typically menstruate, but breakthrough spotting and irregular, light menstrual periods commonly occur during the first year of administration (Armstrong and Federman, 2005).

2.6.2.3 Side-effects and risks of hormonal drugs

Side-effects include amenorrhoea, breast tenderness and weight gain, and there is also an increased risk of hypertension and cerebral thrombosis (Hall, 2005). The incidence of pulmonary embolism is increased with oral contraceptives. It increases gallbladder disease, because oestrogen increases the biliary concentration of cholesterol relative to bile salts, with a resulting decrease in cholesterol solubility which promotes the formation of gallstones (Armstrong and Federman, 2005). General symptoms, such as nausea, flushing, dizziness, depression or irritability occur in some individuals, and skin changes such as acne and increased skin pigmentation may occur (Rang et al., 2001).

2.7 Herbal treatment

Herbal medicine has been found to have quite significant hormonal effects in menstrual disorders and the treatment can help restore hormonal balance (Evans, 2002). Many herbs are reported to be effective for primary dysmenorrhoea, but they lack Randomized Controlled Trial (RCT) studies to support their use. Some (for example, Black cohosh and Cramp bark) have animal data indicating a uterine relaxant effect, which could be comparable in humans (Dennehy, 2007).
The following herbs have been found effective in dysmenorrhoea according to Phyllis Balch (2000) in her book *Prescription for Nutritional Healing*:

- **Chamomile** (*Chamomile recutica*): reduces inflammation and muscle cramping.
- **Cramp bark** (*Viburnum oppulus*): relieves muscle spasm and pain, thereby relieving menstrual cramps as well as lower back and leg spasm.
- **Valerian** (*Valerian oppulus*): acts as a calming agent and improves circulation, thereby improving menstrual muscle cramps, nervousness, pain and spasm.

Other useful herbs as described by Carol Rogers, (1995) in the *Women’s guide to Herbal Medicine* are as follows:

- **Black Cohosh** (*Cimicifuga racemosa*): Used for cramps of pathological origin and to relieve pain of menstruation and child birth.
- **Blue Cohosh** (*Caulophyllum thalictroides*): Useful for menstrual pains, as an antispasmodic. Also used as uterine tonic and stimulant but has a long term relaxant effects.
- **Chaste berry** (*Vitex Agnus castus*): Useful for irregular periods and painful menstruation.
- **Squaw vine** (*Mitchella repens*): Used as uterine toner and relaxant. Good for menstrual pains.
- **Wild yam** (*Dioscera villosa*): Useful for menstrual pains, uterine and ovarian pain as a long term treatment.
- **Yarrow** (*Achillea millefolium*): used as an anti-spasmodic and for painful menses.

### 2.8.3 Limitations or risks of herbal treatment

Despite the increasing popularity of herbal medicines and the efforts of governments in developed countries to exert some control over their quality, unregulated mixtures of dubious purity continue to find their way onto the market. Herbal remedies may affect laboratory test results and drug effects, they may damage the kidneys, may cause hypersensitivity reactions, and they may produce pseudoaldosteronism (Philp, 2004). Black cohosh contains oxalic acid and should not be used in women with a history of kidney stones (Dennehy, 2007).
2.8 Naturopathic treatment and dietary supplements

Naturopathy is a system of therapeutics that relies on natural (nonmedicinal) forces (for example: diet, massage, exercise and good lifestyle adjustment). Focus is on preventing disease and restoring function (Stedman, 2005).

A low-fat vegetarian diet has been found to be associated with a significant reduction in the duration of menstrual pain, pain intensity, and duration of premenstrual symptoms related to behavioural change, as well as water retention in women with moderate to severe dysmenorrhoea. (University of Texas, 2008).

Smoking has been associated with increased duration of bleeding, increased daily amount of bleeding (subjectively scored), and increased duration of dysmenorrhoea, especially in the heaviest smokers. Smoking was not associated with cycle length, but evidence was found for increased variability of cycle length among heavier smokers. Therefore stopping or even reducing smoking may decrease the duration of dysmenorrhoea and bleeding (University of Texas, 2008).

Exercise is beneficial in improving general blood circulation, including circulation through the pelvic basin. Exercise taken during menstruation may increase menstrual flow but may also shorten the length of the period and may reduce the incidence of muscle spasm (Evans, 2002). Exercise also reduces stress and anxiety, which are contributing factors to many illnesses and conditions including dysmenorrhoea (Balch, 2000).

Hot and cold application to the lower back may have the same effect as exercise; they improve local blood flow and reduce muscle spasms (Evans, 2002). Heat and cold therapies are simple to use as pain control tools; when applied singly or in combination they often provide relief (Balch, 2000).

The following dietary supplements were found to be effective for reducing primary dysmenorrhoea:

- Niacin (Vitamin B3): At a dosage of 100mg daily, niacin was found to be effective in treating dysmenorrhoea in a double-blind randomized controlled trial (RCT) of more than 500 East Indian women aged 12 to 21 years with moderate to severe primary dysmenorrhoea symptoms (French, 2005). This is not surprising given niacin’s effectiveness in treating other inflammatory disorders such as arthritis (Bernie, 2008).
• Vitamin B6: Vitamin B6 increases the utilization of magnesium, and acts with magnesium to promote the anti-inflammatory effects of the omega 3 oils (Bernie, 2008).

• Vitamin E: This may be helpful for alleviating menstrual cramps and decreasing blood loss during menstruation, by acting as an inhibitor of prostaglandin synthesis. 500 IU of vitamin E taken during the menstrual cycle can significantly reduce dysmenorrhea (Beauchamp, 2006).

• Omega-3 Essential fatty acids: have potent anti-inflammatory effects in the body and block the production of inflammatory prostaglandins that are believed to be the cause of menstrual cramps (Bernie, 2008). They inhibit inflammation by blocking cyclo-oxygenase (COX) (Tribole, 2009). In a small randomized controlled trial (RCT) on the use of omega-3 polyunsaturated fatty-acids, it was found that 2g of fish oil supplements significantly reduced pain compared with placebo. High intake of omega-3 fatty acids was also associated with lower symptom severity in an observational study of Danish women (French, 2005). This includes alpha-linolenic and eicosapentaenoic acid which are found in fresh deepwater fish, fish oil and canola oil. Flaxseed oil and walnut oil are also good source of omega-3. (Balch, 2000).

Omega-3 Essential fatty acids works in opposition to Omega-6 Essential fatty acids which stimulate pro-inflammation pathways in the body. Modern diets are often very high in Omega-6 Essential fatty acids which causes an imbalance in inflammation response and damage to body cells (Tribole, 2009).

• Calcium: It is needed for muscular growth and contraction, and it helps in prevention of muscle cramps. (Balch, 2000).

• Magnesium: A deficiency of magnesium interferes with transmission of nerve and muscle impulses, causing irritability and nervousness (Balch, 2000). Magnesium is an important mineral which acts as a muscle relaxant and relieves the spasm of the uterine muscles which lead to menstrual cramps. It works well with vitamin B6 and calcium (Bernie, 2008).

2.8.2 Limitations of naturopathic treatment

The ‘International Dietary Supplement Health and Education Act (2005)’, defines a supplement as a product (other than tobacco) intended to supplement the diet that bears or contains one or more of the following: a vitamin, mineral, herb or other botanical, amino acid, a dietary substance used by
man to supplement the diet by increasing the total dietary intake or a concentrate, metabolite, constituent, extract or combination of any of the ingredients described above.

Dietary supplements are regulated as foods and can be marketed to consumers without providing support for claims of efficacy and safety. The Food and Drug Administration has limited authority over these supplements and can only remove a product from the market if it can show proof of it posing "an unreasonable risk of injury or illness" to consumers through post marketing surveillance and research. Health care providers who use dietary supplements in their practices should be aware of these limitations (Dennehy, 2007).  

Good diet and exercise require time, energy and discipline, for the dysmenorrhea sufferers, and activity may be difficult for them. Therefore alternative methods are always sought.

2.9 Spinal manipulation and Transcutaneous electrical nerve stimulation (TENS)

Spinal manipulations have been recommended to correct specific problems which may cause primary dysmenorrhea. The frequency of the adjustments will depend on the recommendations of the individual chiropractor or osteopath (University of Texas, 2008). Rampersad et al (2002) did research at Technikon Witwatersrand that proved that chiropractic adjustments and manipulations during specific times of the menstrual periods are effective in reducing pain in primary dysmenorrhea patients.

Transcutaneous electrical nerve stimulation (TENS) can serve as an adjuvant therapy to conventional pharmacological agents in severe cases of dysmenorrhea or can serve as the main treatment for women who cannot or do not wish to use the conservative pharmacological approach. In one study, TENS induced pain relief (within 30 to 60 minutes) without significant changes in uterine activity. It was concluded that TENS treatments resulted in decreased uterine ischaemia and/or decreased activity in the pain transmission system at the spinal or supraspinal levels. (University of Texas, 2008).
2.9.2 Limitation of the Spinal manipulation and TENS

TENS is non-invasive and has few side effects when compared with drug therapy. The most common complaint is an allergic type skin reaction (midwife.com, 2009). Spinal manipulation and TENS can be cost-effective, but requires treatment which is time consuming.

2.10 Homeopathic treatment

2.10.1 Definition

The term *Homeopathy* is derived from the Greek words *homeo*, meaning similar, and *pathos*, meaning suffering (Vithoulkas, 1993). Homeopathy is a system of medical therapeutics that restores health by stimulating the body’s own system of defence and repair (South African Faculty of Homeopathy, 2008), by applying the law of similars and using medicinal substances in weak or infinitesimal doses (Jouanny, 1994). This method was formulated by Dr Samuel Hahnemann in 1796, when he developed the law of similars, by recognising that a disease can be cured by administering a substance which causes symptoms similar to those of the disease (Bellavite and Signorini, 2002).

2.10.2 Principles of homeopathy

- **Law of similars**

Hahnemann stated in aphorism 27 of his book *Organon of Medicine* that the curative power of medicines depends on the similarity of the symptoms of medicines (when administered to a healthy individual) as compared to the diseased person’s symptoms (Hahnemann, 2003).

The correct remedy, called the similimum remedy, is found by seeking with the utmost care the correspondence between the symptomatological picture of the disease and the symptom picture caused by a given substance in healthy subjects (Bellavite and Signorini, 2002).
• **Provings**

The medicinal action of the Homeopathic remedies is established by administering small amount of substances tested on healthy individuals, and recording their action. These experiments are called provings (Sankaran, 1995). In 1790, Dr. Samuel Hahnemann took several doses of Cinchona, which was used successfully to treat malaria. Symptoms of trembling and cold limbs, heart palpitations and fever were noted. The symptoms returned with each subsequent dose. Hahnemann recorded that Cinchona Bark is effective against malaria, because it could produce similar symptoms in healthy people.

Hahnemann’s first proving of Cinchona Bark led to testing additional drugs, not previously known to be effective, to find their potential use as remedies. Between 1811 and 1821, Hahnemann carried out provings of many Homeopathic medicines and published the results. Today new substances go through this process of ‘Proving’ and are added to the homeopathic ‘material medica’ (Jones, 2005).

• **The single remedy**

Aphorism 273 of the *Organon of Homeopathy* states that ‘it is not necessary to administer more than one single, simple medicinal substance at a time’ (Hahnemann, 2003). This principle is based on the fact that when homeopathic remedies are tested, they are tested singly so it is argued that when the remedies are combined the effects are unknown (Roy, 1999).

• **Minimum dose and Potentization**

The minimum dose means that only the smallest quantity of a medicine needed to produce the least possible excitation of or damage to the vital force and yet sufficient to affect the necessary change in it should be used (Hpathy, 2008). Hahnemann discovered in his experiments that while using larger crude chemical doses of medicine, patients developed more side-effects and took longer to recover (Roy, 1999).

This concept of minimum dose and Hahnemann’s scientific experiments led him to the process of potentization. A step by step method of dilution and shaking of the drugs makes them more
powerful and at the same time renders them harmless (Sankaran, 1994).

- **Acute and Chronic predisposition**

In homeopathy, the chronic effect of an underlying disease that has been present in the previous generation or in an individual is called a miasm (Lockie and Geddes, 1995). The word 'miasm', meaning 'taint' was used to describe a deep-seated predisposition to a chronic diseased state. Several acute cases that Hahnemann treated kept relapsing and were only temporarily alleviated, as these patients’ symptoms usually returned at regular interval or after a stressful event. Despite periods of well-being, these patients were actually on a descending spiral of health. Hahnemann came to a conclusion that there was an underlying problem or *miasm* that needed to be treated in order to achieve permanent cure of the chronic diseased state (Lockie, 1990).

Dr Samuel Hahnemann classified diseases into acute and chronic and attributed the cause of chronic diseases to the three specific infections or ‘miasms’, namely ‘Psora’, ‘Syphilis’ and ‘Sycosis’ (Ajith, 2006). From time to time a ‘miasmatic’ prescription may be necessary to deal with a severe dysmenorrhoea even if no current infectious condition is present.

- **Hering’s Law of the cure**

There are four laws of cure that have been described by Constantine Hering. These laws of cure explain that healing occurs in the following particular order:

- From more vital organs to less vital organs - The most important direction is that symptoms should cease in the vital organ, though frequently this may mean that symptoms appear in less vital organs e.g. from kidney to ear.
- From within outwards - symptoms should move from internal organs outwards, for example from mucous lining of the gut to appear on the skin.
- From above downwards - symptoms should move from above downwards if on the way out, for example skin complains that start on the head and neck should move downwards to the trunk and limbs.
- In reverse order of appearance - The last symptoms to appear most often represent the
deepening illness, so these will disappear first, and as the disease is cured the less serious early symptoms will return and then go (Roy, 1999).

These four laws of cure are used in evaluating the process of cure in a complex case treated holistically.

2.10.3 The Vital Force

According to Hahnemann, this is the force or energy responsible for the healthy running of the body. It co-ordinates the body’s defence against disease, and if this force is disturbed then illness results. According to Hahnemann the symptoms of illness are outward manifestations of the Vital Force's attempt to redress the imbalance and restore order (Lockie and Geddes, 1995). This force attempts to keep the organism in proper order and health and at times even repairs the damaged tissue by itself without ‘extraordinary medical care’ (Sankaran, 1996).

According to Hahnemann, the Vital Force is said to be the plane of origin of the defence mechanism and of disease symptoms. It permeates all levels of the body and directs all aspects of life. The Vital Force is not confined to the physical processes of the body but to mental and emotional levels as well (Vithoulkas, 2009).

When a person is ill the Vital Force is deranged, producing perceptible symptoms. By choosing the similimum remedy the Homeopath claims to support the repair of this derangement in the Vital Force (Hahnemann, 2003).

2.10.4 Potency

Homeopathic remedies are prepared by the technique of serial dilutions and succussion, as there have been found to be an increase in their clinical effect with each serial dilution. These serial dilutions and succussions are called potencies (Boyd, 1989).

There are two main ranges of potencies, one being decimal and the other centesimal. The decimal scale (1 in 10) is denoted by ‘X’ or ‘D’ potencies and the centesimal scale (1 in 100) is shown by ‘C’ potencies. The ‘1M’ potencies are a range of high potencies and 1m is equivalent to 1000C (Boyd, 1989). The potency that were used in the case studies were diluted according to the
The potencies were selected according to Jouanny's fundamental principle which states that “The greater the similarities the higher the potency to be used and vice versa”, for example if suitable for local symptoms only, the researcher will give a low potency, for general symptoms and modalities will use medium potencies and for mental symptoms will use higher potencies. According to Jouanny, the highest potency is 30CH and a low potency is a 6CH (Jouanny, 1994).

2.10.5 Dosage and repetition

A remedy should be prescribed in doses which are just strong enough to facilitate a reaction without eliciting an aggravation (Jouanny, 1994). After the selection of a suitable remedy and suitable potency the dose should be repeated properly. The general idea is that repetition depends upon the nature of medicine. If the remedy is a chronic, deep acting, anti-miasmatic remedy, it should not be repeated frequently and vice versa (Thrombre, 2000).

2.10.6 Repertorisation

Repertorisation is the process whereby the symptoms elicited by a patient are used to determine the similimum remedy (Vithoulkas, 1996) using the repertory (a dictionary of symptoms). Repertorisation allows the homeopath to identify the remedies which have a close similarity to the case; these remedies are then carefully evaluated and compared by using the Materia Medica where a suitable remedy is chosen (Watson, 1999). The repertory used in this research was Synthesis Repertorium Homeopathicum Syntheticum.

2.11 Homeopathy and Dysmenorrhoea research

Dr Lizme Ajith did a research study on the efficacy and significance of Homeopathic medicines in the management of primary dysmenorrhoea, to determine which remedies and potencies were most frequently indicated in the management of primary dysmenorrhoea.

For nine months, twenty five cases of dysmenorrhoea in women aged 15-20 years were selected from the out patient department of the Government Homoeopathic Medical College Hospital,
Thiruvananthapuram in India. Dr Ajith used many different single remedies in this research. The outcome showed the homeopathic remedies to be effective in the treatment of dysmenorrhoea and high potencies were more effective in preventing recurrences (Ajith, 2006).

Christie conducted a similimum study at the Technikon of the Witwatersrand (now known as University of Johannesburg) where she treated each participant individually. The results showed that the homeopathic similimum was effective in reducing pain and other associated symptoms of primary dysmenorrhoea (Christie, 2005).

Cole, C and Peck, K (1998) treated patients suffering from endometriosis with a homeopathic complex (Endometrium Comp®) and found the complex significantly reduced the severity of dysmenorrhoea in those patients; this study was also performed at the Technikon of the Witwatersrand.
CHAPTER THREE

METHODOLOGY

3.1 Research design

This study used a mixed methods approach that involved the treatment of ten black females suffering from primary dysmenorrhoea with homeopathic similimum remedies. It consisted of individualized cases with qualitative clinical information and statistical evaluation from the evaluation of symptoms form. The research design was accepted by the Research Higher Degree and Ethics Committee (Clearance no: 11/08) at the University of Johannesburg.

3.2 Sampling and recruitment of participants

The participants were recruited by advertising posters (Appendix A) posted on the University of Johannesburg campuses. The type and duration of the study was fully explained to the volunteers. Then they were given an information and consent form to read, understand and complete if they agreed to all the information given. They were also given an opportunity to ask any questions on anything stated that they did not understand. The volunteers were screened for suitability using the Screening questionnaire (Appendix C), according to the following criteria:

Inclusion criteria:

Volunteers were included

• If they had experienced primary dysmenorrhoea for two or more months.
• If they were black, female and between the ages of eighteen and twenty-five.
• If they had had their menstrual periods for more than six months.
• If they had never been pregnant before.
• If they had not been diagnosed with any ovarian or uterine pathology.
• If they had not experienced any sexually transmitted diseases before.
• If they experienced two or more of the following symptoms associated with primary dysmenorrhoea: nausea, vomiting, diarrhoea, constipation, fatigue, irritability, nervousness or breasts tenderness.

**Exclusion criteria:**

Volunteers were excluded

• If they have been pregnant before or were currently pregnant.
• If there was any suspicion and or recent history of uterine or ovarian pathology, they were referred.
• If they had experienced sexually transmitted diseases or infections before or were currently experiencing sexually transmitted diseases.
• If they were not black.
• If they had used the contraceptive pill or injection in the previous three months.

### 3.3 Research procedure

The research took place at the University of Johannesburg Health Centre in Doornfontein for the duration of three months. During this time each participant was treated for primary dysmenorrhoea and its associated symptoms. Follow-up consultations were conducted each month after each participant’s menses for months two and three. After the third month and final treatment, they were advised about lifestyle and diet.

#### 3.3.1 First consultation

The first consultation involved the recruitment procedure (see 3.2). After the recruitment procedure, a full case history was taken and a physical examination (Appendix E) was then conducted on suitable volunteers. Each participant’s case was then homoeopathically analyzed, the individual symptoms were repertorised and the most suitable remedy was chosen for each participant. The participants were given a remedy after the initial consultation, and were advised on the dosage and frequency of administration of the remedy.
3.3.2 Second consultation and Third consultation

The second and third consultations took place at the end of months one and two respectively, after each participant’s menses. During these consultations, the participants returned their completed *evaluation of symptoms form* (Appendix E). A case history and physical examination was conducted to determine the nature and improvement or severity of the primary dysmenorrhoea and its associated symptoms.

Taking these symptoms into consideration as well as the response from the *evaluation of symptoms* form, the researcher, under supervision of the research supervisor, determined the homeopathic similimum remedy. If the participant’s pain disappeared and she was no longer experiencing any of the associated symptoms, a placebo or no remedy was given as repetition or change of remedy was considered unnecessary.

3.3.3 Final consultation

During this consultation participants returned the third completed ‘evaluation of symptoms form’ (Appendix D) and a short case history was taken to help with evaluation of the all the participant’s symptoms. The participants were then advised on healthy lifestyle and diet. They were also advised on how to use homeopathic remedies in future for dysmenorrhoea, should they choose to. No prescription was made.

3.4 Data collection and analysis

Data was gathered as follows:

- From the *evaluation of symptoms form* (Appendix E) where the participants rated their symptoms from the first day of their menses till the last day of menses for each of the three menstrual cycles. The assessed symptoms were scored on the *evaluation of symptoms form* on a scale of 0 to 10 as follows:
  - 0 = NONE
  - 1-3 = MILD
  - 4-7 = MODERATE
8-10 = SEVERE

The evaluation of symptoms form assessed the following symptoms:

- Lower abdominal pain
- Nausea
- Vomiting
- Constipation
- Diarrhoea
- Irritability
- Breast tenderness
- Mood swings
- Fatigue
- Flow rate

The above symptoms on the evaluation of symptoms form were used by the statistician to assess the outcomes of the study.

- The case history (Appendix C) and follow up history (Appendix F) forms. This data was analysed by the researcher using her homeopathic knowledge with the help of the research supervisor. The case histories were also used to determine the similimum remedy. The follow-up histories were used to monitor the symptoms and assess the degree of improvement of the symptoms and to determine suitability or change of remedy.
CHAPTER FOUR

CASE STUDIES

4.1 Case One

Gender and Race: Black female
Year of birth: 1986  
Age: 21 years
Resides: Johannesburg
Occupation: Student
Marital Status: Single
Number of pregnancies: none

4.1.1 First consultation – May 2008

A 21 year old black female presented with digging pain inside the uterus during menses. The pain was centrally located and radiated posteriorly to the anal canal. The pain came before menses and on the first and second day of menses. This pain was worst on the second day of menses and when the flow increased. It was ameliorated by heat and by drinking alcohol. Before menses, she experienced a feeling of pressure on the thigh anteriorly and it made her very tired.

Menarche started at the age of 13 years and she experienced the first menstrual pain at the age of 14 years. The menses were very heavy with dark-red clots especially on the second and third days.

She was getting acne on the face during menses. Her normal activities decreased because of pain and she felt tired. The pain was better for taking pain medication. She felt impatient and short tempered and experienced nausea during menses. She experienced watery, yellow diarrhoea on the second day of menses with the feeling that everything in the stomach was water and some months she experienced bloating. Her breasts became tender and swollen and sometimes her bra felt tight.

She experienced tension headaches often. She had sinusitis which was worse in the morning and during winter and was usually associated with flu-like symptoms and tonsillitis. She got infrequent chest pain below the breasts and sometimes centrally.
General symptoms

Her energy levels were generally moderate. She liked summer even though she got tired easily in summer. Her appetite was normal and everything she ate made her full. She was thirstless. She had a strong desire for tripe, aversion to sour milk and she was allergic to seafood. She got weird dreams that embarrassed her and she could not tell people or anyone about them.

Emotional symptoms

She was eager to complete her studies and this made her worry about her university work and balancing it with her part time job.

Family history

Grandmother and mother are diabetic
Mother and father are both hypertensive.

PHYSICAL EXAMINATION

Observation and vital signs
- Blood pressure: 110/80 mmHg
- Pulse rate: 88 beats per minute
- Respiratory rate: 17 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 53 kg

ABDOMINAL EXAMINATION

Inspection: No abnormalities detected
Auscultation: Normal bowel sounds
Percussion: No abnormalities detected
Palpation: No abnormalities detected
PELVIC EXAMINATION

No relevant findings

Motivation for selection of remedy

*Ammonium carbonica* scored the highest in the repertorisation with the following rubrics used:

- Female–uterus–pain-digging-menses-during
- Female-menses-clots-dark
- Female-uterus-pain-heat-ameliorate
- Female-uterus-pain-flow-aggravate
- Mind-irritability-menses-during
- Generals-weakness-menses-during
- Dreams-embarrassing
- Extremity-heaviness-thigh-menses-before
- Rectum-diarrhoea-menses, beginning of
- Rectum-diarrhoea-yellow-watery-menses-during
- Stomach-menses-nausea-during

(Synthesis, 2002)

In addition *Ammonium carbonica* was selected because it fitted the following characteristics of the participant’s symptoms:
Great fatigue of the whole body during menses especially of the thighs; Irritability during menses; Dysmenorrhea which is better for heat; Involuntary foul smelling diarrhoea at the beginning of menses, Weakness, uneasiness and weariness of the limbs; Generally there is great exhaustion even after slightest exertion (Vermeulen, 2000).

Prescription

*Ammonium carbonica* 30CH - one powder taken daily for two weeks prior to the menses
4.1.2 Second consultation – June 2008

The symptoms of the last menstruation were slightly better. The flow was still heavy and black with clots, and she had a digging pain in the uterus but only on the first day of menses. On the second day she experienced nausea which got worse when she drank lot of beer, and if she took the remedy at this stage, she vomited. Because she became nauseous when drinking, she drank less. She had piles which sometimes bled with menses. Before menses she had knotty, hard watery stools. She was feeling very cold easily and this led her to being very sleepy.

General symptoms

She had moderate energy levels. She liked warmth, so summer was the best season for her. Her appetite was increased during menses but she got full from eating very little. She was aggravated by cold weather and beer, and she was better when warm.

Mental symptoms

She felt sad for no reason during menses. She forgot things easily.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 110/80 mmHg
- Pulse rate: 86 beats per minute
- Respiratory rate: 18 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 53 kg

ABDOMINAL EXAMINATION

Inspection: No abnormalities detected
Auscultation: Normal bowel sounds  
Percussion: No abnormalities detected  
Palpation: Tenderness of the whole abdominal area on deep palpation

PELVIC EXAMINATION

No abnormalities detected

Motivation for selection of remedy

Rubrics used:

• Female-uterus-pain-digging-menses-during
• Female-menses-clots-dark
• Rectum-diarrhoea-yellow-watery-menses-during
• Stomach-menses-nausea-during

(Synthesis, 2002)

The previous prescription was repeated as a lot of improvement had been experienced after taking the first powders and the remedy still fitted the remaining symptoms.

Prescription

*Ammonium carbonica 30CH* - one powder taken daily for a week prior to the menses.

4.1.3 Third consultation – July 2008

The participant’s menstrual period was about five days late with a slight pain which she described as eighty percent better than the last menses. The pain was still a digging type in the uterus but less painful and it came for a few seconds and went away. She experienced the pain during the first two days of the menses. Associated with the pain was nausea which was worse on the second day and on taking the medications.
General symptoms

Her energy levels were perfectly fine during menses, she never felt tired or weak in any way as before. She still liked and felt good when warm and in summer. Her appetite was normal. She desired tripe and pap and was aversed to sour milk.

Emotional symptoms

She was very irritable on the first day of menses, but that improved and she was happier than she had been previously during menses.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 110/78 mmHg
- Pulse rate: 86 beats per minute
- Respiratory rate: 17 breaths per minute
- Temperature: 37.7 degrees Celsius
- Weight: 53 kg

ABDOMINAL EXAMINATION

**Inspection:** No abnormalities detected
**Auscultation:** Normal bowel sounds, tympanic
**Percussion:** No abnormalities detected
**Palpation:** Tenderness on deep palpation

PELVIC EXAMINATION

No abnormalities detected
Motivation for selection of remedy

*Nux vomica* scored the highest in the repertorisation with the following rubrics used:

- Female-pain-uterus-digging-menses-during
- Female-menses-late, too
- Stomach-nausea-menses-during
- Mind-irritability-menses-during
- Generals-weakness-menses-during
- Diarrhoea-yellow, watery during menses-with pain
- Female-menses-nausea-during

(Synthesis, 2002)

In addition *Nux vomica* was selected because:
Participant experienced menses which were still late, irregular and painful; Nausea during menses;
She was very irritable during menses. *Nux vomica* follows *Ammonium carbonica* well, especially
with the nausea and irritability during menses (Vermeulen, 2000).

Prescription

*Nux vomica* 30CH - one powder taken daily for two weeks prior to the menses.

4.1.4 Final consultation – August 2008

The participant reported that most of her symptoms had improved a lot but her nausea persisted. The
participant returned her last *evaluation of symptoms form* to the researcher.

4.1.5 Overview of case one

The participant responded well to *Ammonium carbonica*, but nausea and irritability were the
symptoms that did not change or that did not show much improvement during the use of the remedy.
Therefore the remedy was changed. The few symptoms that the participant had were repertorised
and evaluated so as to find the remedy that suited them. The remedy that was chosen was *Nux vomica* and this improved the participant’s symptoms. Generally the participant responded very well to *Ammonium carbonica*, and *Nux vomica* cleared the remaining symptoms with exception of nausea but that also improved. The overall symptoms of the participant improved slowly from month one to month three. Figures 4.1.1 and 4.1.2 below show a reduction in the participant’s symptoms.
Participant 1-Total symptom score over the three month treatment period

Figure 4.1.1 Graph illustrating total symptom score of participant one over the three month treatment period.

Participant 1- Symptom score over the three month treatment period

Figure 4.1.2 Graph illustrating individual symptom score of participant one over the three treatment period
4.2 CASE TWO

**Gender and Race:** Black female  
**Year of birth:** 1985  
**Age:** 23 years  
**Resides:** Johannesburg  
**Occupation:** Student  
**Marital Status:** Single  
**Number of pregnancies:** none

4.2.1 First consultation – May 2008

A 23 year old black female presented with stabbing menstrual pain which was located centrally in the umbilical area and extended interiorly to the uterus. She experienced the pain four days before menses and on the first day of menses. The pain was aggravated by standing for a long time and it was ameliorated by heat and when the flow increased, which was usually on the second day. The blood started off being light red and eventually became dark-red and thick.

Menarche started at the age of 13 years and the menstrual pain started at the age of 19 years. The menses lasted for five days with pain worse before and on the first day.

The menstrual pain was associated with soreness and a loose feeling in the joints of the lower extremities and waist with general body tiredness. Her legs swelled a bit and felt very tired. She had abdominal bloating on the first to third day of menses, worse in the morning on waking-up. Breasts were swollen the day before the menses and on the first day of menses.

She sometimes experienced a frontal headache which was worse for cold. She experienced epistaxis when she felt hot.

**General symptoms**

She rated her energy level as high. She liked it when it was cold. She became tired easily and her nose bled when warm and hot and that made her hate summer. She was ameliorated by singing and aggravated by heat. Her appetite was usually normal but increased during menses. She desired crisps
and she had an aversion to chocolate even though she craved it at other times. She dreamed almost every day but the dreams did not make sense.

**Mental and emotional symptoms**

She was looking for a practical training but with no success, and that was stressing her as without this she could not complete her diploma.

**Family history**

Grandmother from father’s side is diabetic.

**PHYSICAL EXAMINATION**

Observation and vital signs

- Blood pressure: 125/80 mmHg
- Pulse rate: 72 breaths per minute
- Respiratory rate: 19 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 77kg

**ABDOMINAL EXAMINATION**

No relevant findings

**PELVIC EXAMINATION**

**Palpation:** slight pain on deep palpation

No other relevant findings
Motivation for selection of remedy

The following rubrics were used:

- Female-menses-painful
- Female-menses-thick
- Female-menses-clotted-dark
- Female-menses-copious
- Female-menses-black
- Stomach-nausea-menses-during
- Mind-irritability-menses-during
- Mind-anxiety-sleep-loss of
- Generals-weariness-menses-during
- Generals-milk-aversions

(Synthesis, 2002)

The remedy *Magnesia carbonica* was chosen as it matched the above and also included specific symptoms such as:

- Menstrual flow: dark, thick, like pitch, more profuse when lying down. Menstrual flow is preceded by abdominal pains, very painful menstrual period, faintness during menstrual period, great irritability during menses, anxiety during the day worse at night in bed, aversion to milk (Vermeulen, 2000).

Prescription

*Magnesia carbonica* 30CH - one powder taken daily for two weeks (14 days) prior to the menses.

4.2.2 Second consultation – July 2008

The menstrual period was five days late. The participant experienced sharp, sudden pain in the abdomen that came and went, four days before menses and during menses. The menstrual pain was better than usual and was better for bending double. Menses had a lot of dark black clots. She experienced bloating on the third day but it was not as bad as before. The flow was fine but still felt
as if the clots were very big and would be difficult to pass but the clots that came out were not as big as anticipated. The pain was associated with nausea in the morning.

**General symptoms**

She felt normal during menses. She preferred cold weather. Her appetite had been less than it used to be. She was thirstless and desired yoghurt and had aversion to milk.

**Emotional symptoms**

She was very irritable during menses.

**PHYSICAL EXAMINATION**

Observation and vital signs

- Blood pressure: 130/78 mmHg
- Pulse rate: 86 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 78kg

**ABDOMINAL EXAMINATION**

No relevant findings

**PELVIC EXAMINATION**

**Palpation:** slight pain on deep palpation

No other relevant findings
Motivation for selection of remedy

The following rubrics were used:

- Mind-irritability-menses-during
- Female-menses-late-five days
- Female-menses-clotted-dark
- Abdomen-pain-menses-during
- Abdomen-pain-bending double-ameliorate
- Stomach-nausea-menses during
- Stomach-appetite-diminished
- Stomach-Thirstless

(Synthesis, 2002)

Belladonna was the chosen remedy because in addition it fitted the following characteristic symptoms of the case:
Great loss of appetite, aversion to milk. Great thirst especially of cold water, burning thirst and nausea. Colicky, sudden abdomen pains which are better for bending double. Abdomen is distended. Menses profuse decomposed dark-red blood. Menses worse for motion and heat (Vermeulen, 2000).

Prescription

Belladonna 30CH - one powder given daily for fourteen days

4.2.3 Third consultation – August 2008

The subsequent menstrual period was about three to five days late and had dark clots but not as much as before. The flow was increased. She experienced a sharp shooting pain in the abdomen that came and went suddenly but it was less than she experienced before. She was ameliorated by bending down. She had nausea in the morning before menses and during the first day of menses. She felt much better during this menstrual period than the previous one.
General symptoms

She felt hyperactive and liked warmth. Her appetite had decreased and she was thirstless. She had a strong desire for yoghurt and had an aversion for milk.

Emotional symptoms

She was very irritable during menses, but generally she was fine and happy

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 130/78 mmHg
- Pulse rate: 80 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 78kg

ABDOMINAL EXAMINATION

Palpation: Tenderness in the umbilical region
No other relevant findings.

PELVIC EXAMINATION

Palpation: Tenderness on the deep palpation below umbilicus
No other relevant findings.
Motivation for selection of the remedy

**Belladonna** 30CH was repeated as the case showed some improvement. The researcher analyzed the whole case under supervision and kept the participant on the same prescription as it was reducing dysmenorrhoea and its associated symptoms and improving the participant’s state of health.

**Prescription**

**Belladonna** 30CH - repeated daily for two weeks.

4.2.4 Final consultation – 14 September 2008

She experienced much improvement with no menstrual pain. Most associated symptoms showed improvement, but irritability and fatigue did not improve much. She returned her final evaluation of symptoms form to the researcher.

4.2.5 Overview of case two

The participant did not respond very well to the first prescribed remedy (*Magnesia carbonica*). A follow up case was taken and the researcher selected the second remedy, which was **Belladonna**. **Belladonna** produced improvement in the menstrual pain and its associated symptoms, so the researcher repeated it. The repeated remedy improved the participant’s symptoms further even though the participant did not recover fully. The overall symptoms showed dramatic improvement between month two and three. Figure 4.2.1 and 4.2.2 below shows the overall symptoms changes of the participant during the treatment.
Participant 2- Total symptom score over the three month treatment period

Figure 4.2.1 Graph illustrating total symptom score of participant two over the three month treatment period.

Participant 2- Symptom score over the three month treatment period

Figure 4.2.2 Graph illustrating individual symptom score of participant two over the three month treatment period.
4.3 CASE THREE

Gender and Race: Black female
Year of birth: 1984 Age: 21 years
Resides: Johannesburg
Occupation: Student
Marital Status: Single
Number of pregnancies: none

4.3.1 First consultation – April 2008

A 21 year old black female presented with stabbing menstrual pain in the lower abdomen and lower back radiating to the legs. The pain started four days before menses and lasted for three days during menses. It was aggravated by walking and bending down and was ameliorated by hot drinks. The menstrual flow was heavy, blackish-red and thick with dark-red to pitch black membranous clots.

Menarche started at the age of 16 years and the pain started at the age of 19 years. Menses lasted for three to five days.

She became very nauseous, which was worse when the menses exceeded three days. She became bloated on the first day of menses. She became very fatigued during menses especially when the blood had a lot of clots. She sometimes got watery diarrhoea on the second day of menses. Before menses the breasts became swollen and tender.

General symptoms

She described her energy levels as normal. She liked spring as she was happier during this season. She felt better when warm. Her appetite was normal when it was hot and decreased when it was cold. She desired yoghurt and had an aversion to milk. She experienced constipation when cold.
Mental and emotional symptoms

She got very irritable and nervous especially when things were not in order. She was very impatient during menses. She disliked other people helping her, and liked doing things on her own.

Family history

Mother has high blood pressure.

PHYSICAL EXAMINATION

Observation and vital signs
- Blood pressure: 110/70 mmHg
- Pulse rate: 78 beats per minute
- Respiratory rate: 19 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 48kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings

Motivation for selection of remedy

The following rubrics were used:

- Female-menses-painful
- Female-menses-blood-thick
• Female-menses-weariness-during
• Stomach-thirst
• Mind-company-aversion to-menses during
• Mind-irritability-menses-during
• Extremity-sore-joints-menses-during
• Extremity-swelling-menses-during
• Abdomen-distension-menses-during
• Generals-food and drink-aversion-chocolate
• Generals-cold-ameliorate
• Nose-epistaxis-hot-weather
• Dreams-confused
(Synthesis, 2002)

In addition, the participant’s extremities were swollen especially the knees and dorsum of foot and her joints were sore. She had a lot of fears, wants to run away or hide, aversion to company, she was better for cold and open air and aggravated by heat, she has a lot of dreams but she does not understand them, they are very confusing and frightful (Vermeulen, 2000).

**Prescription**

*Pulsatilla 30CH* - one powder taken daily for two weeks prior to the menses.

4.3.2 Second consultation – June 2008

The last menstrual period was normal. Menstrual flow was thin with no clots. The participant didn’t experience any pain. She experienced bloating for the first two days, no fatigue was experienced and her breasts were slightly swollen.

**General symptoms**

She felt very energetic and preferred cold and she even felt better when cold. Her appetite was normal and she was very thirsty. She desired cold drinks and drank often, about two glasses every
hour, and she also desired crisps and had an aversion to sweet things. She was aggravated by heat, and ameliorated by singing.

**Emotional symptoms**

Her mood had improved as she had found a job which was keeping her very busy, and at home she was also happy as a friend had moved in with her and she therefore had good company.

**PHYSICAL EXAMINATION**

Observation and vital signs

- Blood pressure: 110/80 mmHg
- Pulse rate: 72 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 48kg

**ABDOMINAL EXAMINATION**

No relevant findings

**PELVIC EXAMINATION**

No relevant findings

**Motivation for selection of the remedy**

The participant was getting better and had no new symptoms. So the previous prescription was repeated to clear the remaining symptoms.
Prescription

One powder of *Pulsatilla* 30CH taken once daily for two weeks prior to menses.

4.3.3 Third consultation – July 2008

The participant’s last menstrual flow had been light and thin with no clots. No pain was experienced. The breasts were swollen and a bit tender.

General symptoms

She felt good and energetic and felt better when cold and in cold weather. Her appetite was normal and she tried to eat healthily. She was very thirsty and desired cold drinks. She desired crisps and has aversion to sweet things. She was aggravated by heat and ameliorated by singing.

Emotional symptoms

She was feeling very well during menses and she was also fine at the time of consultation.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 120/78 mmHg
- Pulse rate: 72 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 48kg

ABDOMINAL EXAMINATION

No relevant findings
PELVIC EXAMINATION

No relevant findings

Prescription

Nil

4.3.4 Final consultation – 05 August 2008

The participant reported the remedy worked very well on her and the symptoms. She gave back her last evaluation of symptoms form to the researcher.

4.3.5 Overview of case three

The participant showed a very positive response to *Pulsatilla* in the first months. The same prescription was repeated during the second month to resolve the remaining symptoms which in this case were the bloating and the swelling of her breasts which accompanied menses. All symptoms showed improvement from month one to month two, therefore no remedy was given in the third month. The overall results of participant three are shown in Figure 4.3.1 and 4.3.2 below.
Figure 4.3.1 Graph illustrating total symptom score of participant three over the three month treatment.

Figure 4.3.2 Graph illustrating individual symptoms score of participant three over the treatment period.
4.4 CASE FOUR

Gender and Race: Black female
Year of birth: 1988    Age: 20 years
Resides: Johannesburg
Occupation: Student
Marital Status: Single
Number of pregnancies: none

4.4.1 First consultation – April 2008

A 20 year old black female presented with pulling pain in the back that radiated anteriorly into the umbilical area and knees leading to decrease of activities. The pain was experienced during the first two days of menses and it was aggravated by standing and ameliorated by sitting.

Menarche started at the age of 16 years and the menstrual pain started at the age of 18 years. The menses lasted for five days with light red blood and dark-red clots sometimes.

The menstrual pain was associated with tiredness, weakness and pulling pain in the lower limb joints leading to decrease of activities, with fatigue, which she described as felt in the lower limbs. She experienced bloating, constipation and breast tenderness and swelling on the first two days of menses.

General symptoms

Her energy levels were generally normal except during menses. She preferred warmth and hated cold. Her appetite was normal but she usually ate an unbalanced diet. She was very thirsty and craved water and drank a lot of it. She desired salads and she was averse to most fruits and she was allergic to pork. She was ameliorated by money (being in possession of). Her sleep was normal and she hardly ever dreamt and when she did, she forgot the dream.
Emotional symptoms

She worried a lot about money, when she did not have money she became sad. She feared not having enough money.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 110/80 mmHg
- Pulse rate: 80 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 37 degree Celsius
- Weight: 49kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings

Motivation for selection of remedy

*Causticum* was selected from repertorised symptoms and the following rubrics were used:

- Female-uterus-pain-extending-downwards
- Female-menses-blood-thick
- Female-menses-weariness-during
- Stomach-thirst
- Mind-anxiety-money of
• Extremity-pain-lower limb-menses-during
• Generals-weakness-menses-during
• Generals-food and drinks-salad-desire
• Generals-cold weather-aggravation
• Generals-food and drinks-fruits-aversion

(Synthesis, 2002)

_Causticum_ was selected as it is also indicated for dysmenorrhea and tearing pain in the back and thigh. Menstruation is delayed in its appearance in girls. Pain in the back during menses. Rheumatic pain in the lower limb, rheumatic tearing which is better for warmth. Debility of the limbs and unsteady walking. Anxiety and weakness during menses. Menses thick with clots. Very thirsty especially for cold drinks. Constipation and ineffectual urging during the menses. She was aggravated by cold weather, by exertion, and better in warm weather (Vermeulen, 2000).

**Prescription**

_Causticum_ 30CH - one powder taken daily for two weeks (14 days) prior to menses.

4.4.2 **Second consultation** – May 2008

She felt as if the pain was coming before the menstrual period, but she did not experience any menstrual pain. She experienced pulling pain in the muscles and joints of the lower limbs but this was better than the symptoms which she usually experienced. Her breasts were a little tender and she didn’t experience any fatigue.

**General symptoms**

Her energy levels were average and the same during menses. She liked it when warm. Her appetite was fine but her diet was not good. She was not thirsty but had a desire to drink cold water. She desired salads and she had an aversion to fruit. She forgot her dreams when she dreamed.
Emotional symptoms

She was happy because everything was going well at university. She couldn’t wait for holidays to relax at home.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 110/80 mmHg
- Pulse rate: 78 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 49kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings

Motivation for selection of remedy

The case was repertorised and analysed again, as the symptoms that remained did not fit Causticum as well as before, the following rubrics were used:

- Dreams-unremembered
- Extremity-pain-drawing-lower limb-joints
- Generals-warmth-ameliorate
- Generals-food and drinks cold-drinks-desire
Bryonia was selected from the repertorised list as it is a very good remedy for the rheumatic symptoms which are the symptoms that were not well cleared by the previous prescription: Tensive and tearing pains in the feet, thirst for large quantities of cold water, worse for motion (Vermeulen, 2000).

**Prescription**

*Causticum* 30CH - one powder taken daily for two weeks (14 days) prior to menses

**4.4.3 Third consultation** – July 2008

Her previous menstrual period had been normal, and she had experienced no pain at all. No other symptoms had been experienced.

**General symptoms**

Her energy levels were moderate and the same during menses. She liked it when warm and thus she liked summer. Her appetite was fine but she ate unhealthily. She was not thirsty but had a desire for cold water. She desired salads and she had an aversion to most fruits.

**Emotional symptoms**

She was happy and fine in general.

**PHYSICAL EXAMINATION**

Observation and vital signs

- Blood pressure: 120/78 mmHg
- Pulse rate: 76 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 49kg

**ABDOMINAL EXAMINATION**

No relevant findings

**PELVIC EXAMINATION**

No relevant findings

**Prescription**

Nil

**4.4.4 Final consultation – August 2008**

The participant reported that participating in the study helped with her dysmenorrhea and associated symptoms. The participant returned her last evaluation form to the researcher.

**4.4.5 Overview of case four**

The participant showed a favourable response to *Causticum* and a much better response to the *Bryonia*. The researcher and research supervisor changed the prescription as the symptoms that were left did not suit the remedy anymore. The severity of the participant’s overall symptoms decreased during month one and there was further decrease and a good recovery for the participant in month two. The overall results of participant four are shown in Figure 4.4.1 and 4.4.2 below.
Figure 4.4.1 Graph illustrating total symptom score of participant four over the three month treatment period.

Figure 4.4.2 Graph illustrating individual symptom score of participant four over the treatment period
4.5 CASE FIVE

Gender and Race: Black female
Year of birth: 1989   Age: 19 years
Resides: Johannesburg
Occupation: Student
Marital Status: Single
Number of pregnancies: none

4.5.1 First consultation – April 2008

An 18 year old black female presented with severe sharp pain around the whole pelvis and back, starting on the first day of menses and lasting for the whole menses, which were five days duration. The menstrual pain was aggravated by standing, walking and activity and it was ameliorated by sleeping. The blood was dark-red with dark-red to blackish clots which flooded out when she was bathing.

Menarche started at the age of 14 years and the menstrual pain followed two years after menarche, at the age of 16 years. Her menses duration was five days. She was taking Neurofen® for the pain and it made the pain better.

Associated symptoms included constipation, difficulty and pain when passing stools which she experienced the day before menses and on the first day of menses. Yellowish, watery and foul smelling diarrhoea was experienced at night during the first day of menses. She also experienced bloating that started on the second day and lasted the full menstrual period, with diminished appetite. She felt fatigue around the waist extending to the legs and sometimes she struggled to walk.

Systemically, she experienced headaches when she ate a lot of sweets. She was diplopic.
General symptoms

She described herself as hyperactive and always full of energy. She liked summer as she felt better when warm. She did not have much of an appetite and this was worse during menses and she ate lot of unhealthy food. She desired meat and sweets and she had an aversion to cucumber. She always forgot to drink water but tried to drink about eight glasses when she remembered. She usually drank juice. She dreamt of cartoons and when she dreamt of people, they appeared as animated cartoons.

Emotional symptoms

She was worried about university as she was not doing well with her university work.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 112/78 mmHg
- Pulse rate: 72 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 37.5 degrees Celsius
- Weight: 57 kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings
Motivation of selection of the remedy

The following rubrics were used:

- Female-menses-dark
- Female-menses-clotted-dark
- Female-menses-painful-walking-aggravate
- Female-uterus-pain-stitching-menses-during
- Female-uterus-pain-motion-aggravate
- Generals-weariness-menses-during
- Generals-energy-excess of
- Generals-food and drinks-meat-desire
- Generals-food and drinks-sweet-desire
- Generals-food and drinks-cucumber-aversion
- Rectum-constipation-menses-during
- Rectum-diarrhoea-menses-beginning, of
- Abdomen-distension-menses-during
- Stomach-thirstless

(Synthesis, 2002)

*Ammonium carbonica* was selected because in addition to covering the list above, the following characteristics of this remedy fitted the participant’s symptoms very well:

Dark menses with dark clots, constipation stools dry, difficult, hard, knotty and worse during menses and dark, acrid diarrhoea at the beginning of menses, great fatigue of the whole body during menses, great appetite but easy satiety (Vermeulen, 2000).

Prescription

*Ammonium carbonica* 30CH take one powder daily for two weeks prior to the menses
4.5.2 Second consultation – 27 May 2008

The participant’s last menstrual cycle had been normal and the blood had been red with no clots. No menstrual pain was experienced and no other symptoms related to menses were experienced. There was a lot of improvement and she was not getting fatigued or constipated as she previously had.

**General symptoms**

She was hyperactive and always full of energy. She liked summer as she felt better when warm. Her appetite was normal and she ate lot of junk food. She desired crisps and sweets and she had an aversion to cucumber. She still tried to drink about eight glasses of water when she remembered.

**Emotional symptoms**

She was happy and feeling very well.

**PHYSICAL EXAMINATION**

Observation and vital signs

- Blood pressure: 116/78 MmHg
- Pulse rate: 72 beats per minute
- Respiratory rate: 19 breaths per minute
- Temperature: 38 degree Celsius
- Weight: 58 kg

**ABDOMINAL EXAMINATION**

**Palpation**—slight pain on palpation

No other relevant findings.
PELVIC EXAMINATION

No relevant findings.

Prescription

Nil

4.5.3 Third consultation – August 2008

The participant’s last menstrual period had been fine, with no pain at all and she even forgot that she once had the pain. There were no associated symptoms or even premenstrual symptoms as there had been previously.

General symptoms
She was hyperactive and did a lot of dancing in the house. She preferred warm summer weather. Her appetite was normal and she still ate lot of junk. She drank water for health reasons. She desired a lot of junk, like crisps, nuts and sweets and she still had an aversion to cucumber.

Emotional symptoms
She was fine and very happy even though sometimes she stressed about her university work load.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 110/80 mmHg
- Pulse rate: 76 beats per minute
- Respiratory rate: 19 breaths per minute
- Temperature: 38 degree Celsius
- Weight: 58 kg
ABDOMINAL EXAMINATION

No relevant findings.

PELVIC EXAMINATION

No relevant findings.

Prescription

Nil

4.5.4 Final consultation – August 2008

During this last consultation, the participant was questioned on the feedback about her previous menstrual cycle. She reported that she was still fine as she had been the previous month. The participant returned her last evaluation form to the researcher.

4.5.5 Overview of case five

The participant showed a beneficial improvement by using Ammonium carbonica in the treatment of her primary dysmenorrhoea. The participant got a great relief of the pain and associated symptoms from the prescription. The participant’s overall symptoms improved during the first month and did not return at all. The overall results of participant five are shown in Figure 4.5.1 and 4.5.2 below.
Participant 5- Total symptom score over the three month treatment period

Figure 4.5.1 Graph illustrating total symptom score of participant five over the three month treatment period.

Participant 5- Individual symptom score over the three month treatment period

Figure 4.5.2 Graph illustrating individual symptom score of participant five over the treatment period.
4.6 CASE SIX

**Gender and Race:** Black female

**Year of birth:** 1986  
**Age:** 22 years

**Resides:** Johannesburg

**Occupation:** Student

**Marital Status:** Single

**Number of pregnancies:** none

### 4.6.1 First consultation – May 2008

A 22 year old black female presented with menstrual pain around the umbilicus radiating to the back and thighs and down to the knees. The pain was worse on the second day and on walking, especially long distances. It was ameliorated by rest and heat. The blood was dark-red with thick membranous clots.

Menarche started at the age of 14 years, with menstrual pain starting a year later at the age of 15 years.

She had nausea during menses which was worse on the first day of menses and in the morning. She also got constipation during menses.

Systemically, she experienced headaches especially when stressed. Sometimes she experienced itching of the eyes and ears when she ate salty food.

**General symptoms**

She described herself as being hyperactive and liked fresh air. Her sleep was disturbed when hot and when experiencing menstrual pains. She dreamt everyday but the dreams were confusing. She was a vegetarian; she hated drinking water but, drank warm water. She had an aversion to chocolate, salt, margarine and soft drinks and had a strong desire for salty foods like crisps and nuts.
Mental symptoms

She was aggravated by failure and loss. She got very sad when involved in arguments and by her menstrual pain.

Family history

Her mother is diabetic.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 120/72 mmHg
- Pulse rate: 80 beats per minute
- Respiratory rate: 15 breaths per minute
- Temperature: 35 degrees Celsius
- Weight: 50 kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings

Motivation for selection of remedy

_Pulsatilla_ was selected as it fitted the case very well and the following rubrics were used in the repertorisation:
Female-menses-painful
Female-menses-clotted-dark
Female-menses-dark
Female-menses-thick
Stomach-Nausea-menses-during
Mind-ailments-quarrelling
Abdomen-constipation-menses-during
Abdomen-pain-umbilicus-region of-extending-downwards
Generals-food and drink-aversion-water
Generals-food and drink-aversion-chocolate
Generals-cold-air-ameliorate
Extremity-pain-drawing-knee-hollow of

(Synthesis, 2002)

_Pulsatilla_ fitted the above symptoms because:
The menses were changeable, dysmenorrhoea beginning in puberty, nauseous during menses in the
morning, constipation with difficult evacuation, painful pressure and pain in back during menses,
drawing, tensive pressure in the leg, better in cold open air, better before the menstrual periods,
worse for warmth, and aversion to water, easily offended. All these symptoms fit _Pulsatilla_ very
well and thus it was selected (Vermeulen, 2000).

**Prescription**

_Pulsatilla_ 30CH - one powder daily for 14 days prior to the menstrual period.

4.6.2 Second consultation – June 2008

The menstrual flow was light, red, and thin with small clots. She experienced no pain at all. The
musculoskeletal symptoms improved a lot. The nausea was better than before as she only
experienced nausea at night before going to bed at about 10’o clock on the first day of menses.
General symptoms

She has been very active and she was fine during menses and she was not fatigued. Her appetite was normal and she made sure she ate all her meals. She was not thirsty but liked to drink about two mugs of warm water daily. She desired crisps, nuts and chips and she had an aversion to sweet things and oily foods. Her sleep was fine now and she did not wakeup as often as before. She was still having confusing dreams.

Emotional symptoms

She was not feeling well because she was scared that she might have failed her exams.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 120/85 mmHg
- Pulse rate: 86 beats per minutes
- Respiratory rate: 22 breaths per minutes
- Temperature: 37 degrees Celsius
- Weight: 51 kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings
Motivation for selection of remedy

The participant experienced a lot of improvement with respect to the dysmenorrhea and associated symptoms, as well as generally. Therefore the researcher, under supervision of the research supervisor, did not change the prescription but repeated the previous one and only changed the dosage.

Prescription

Repeated *Pulsatilla* 30CH – one powder taken daily for seven days prior to the menstrual period.

4.6.3 Third consultation – July 2008

The menstrual period was fine; no pain or any associated symptoms were experienced.

General symptoms

She had been hyperactive as usual. She liked it when cold. Her appetite was normal. She was not thirsty but drank warm water. She desired crisps, nuts and hot chips and she had an aversion for sweet things and oily foods. She still was having confusing dreams.

Emotional symptoms

She was feeling well.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 120/83 mmHg
- Pulse rate: 80 beats per minutes
- Respiratory rate: 21 breaths per minutes
• Temperature: 37 degrees Celsius
• Weight: 51 kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings

Prescription

Nil

4.6.4 Final consultation – August 2008

The participant reported that she was perfectly fine, and that she had experienced no pain or any other related menstrual symptoms during menses. The participant returned her last evaluation form to the researcher.

4.6.5 Overview of case six

The participant showed a positive response to Pulsatilla. The severity of all symptoms showed improvement from month one to month two, therefore no remedy was given in the third month. The remedy was repeated during month two, so that it could bring about a full recovery of the nausea and the emotional symptoms that had not improved from previous doses of remedy. Figure 4.6.1 and 4.6.2 below show the changes in symptoms and general health.
Figure 4.6.1 Graph illustrating total symptom score of participant six over the three month treatment period.

Figure 4.6.2 Graph illustrating individual symptom score of participant six over the treatment period.
4.7 CASE SEVEN

**Gender and Race:** Black female  
**Year of birth:** 1984  
**Age:** 24 years  
**Resides:** Johannesburg  
**Occupation:** Student  
**Marital Status:** Single  
**Number of pregnancies:** none

4.7.1 First consultation – May 2008

A 23 year old black female presented with burning pain in the lower back accompanied by stomach and abdominal cramping pain that radiated as a pulling pain to the legs ending just below the foot. The pain was worse on the first, second day and on the fifth day of menses and on drinking cold water. It was ameliorated by warm applications and drinks. The blood was dark-red and was clotted towards the end of menstrual cycle.

Before menses and the day before menses, she had nausea and hot flushes on the face which alternated with coldness and tiredness. During menses her appetite decreased and she got bloated which was worse for touching the abdomen. She also experienced a pulling frontal headache during menses, which was better for pressure. The headache alternated with fatigue and a feeling of sleepiness.

Menarche started at the age of 16 years and menstrual pain started at the same time. Menses lasted for five days with pain on the first, second and fifth days.

**General symptoms**

Her appetite was diminished. Her energy levels were very high in the morning and decreased as the day went on. She preferred it when it was cold and in winter as she would get headaches when hot. She was usually thirsty and liked drinking about two to three litres of cold water daily. She had a strong desire for chocolates and juices especially fruit juices, and she was averse to macaroni. Her sleep was normal during menses especially when she felt the pain, but she was usually sleepless.
Emotional symptoms

She hated company and became very irritated during menses. She did not want to talk during menses due to menstrual pain. She was aggravated by worrying. She stressed about university as there was a lot of work that she had to do.

Family history

Mother was diabetic.
Father had rheumatoid arthritis.
Aunt from mother’s side had tuberculosis.
Mother and aunt were both hypertensive.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 120/80 mmHg
- Pulse rate: 48 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 39 degrees Celsius
- Weight: 79 kg

ABDOMINAL EXAMINATION

Percussion: Tympany of the lower abdomen
Palpation: Pain on pressure in the upper left quadrant

PELVIC EXAMINATION

No relevant findings
Motivation for selection of the remedy

The following rubrics were used:

- Head-pain-forehead-pressure ameliorate
- Head-pain-drawing-forehead-menses-during
- Chest-pain-heart-region-extending
- Chest-pain-heart-aching
- Female-menses-dark
- Female-menses-painful-warmth-ameliorate
- Mind-irritability-menses-during
- Face-heat-flushes-menses-before
- Generals-food and drinks-salt-desire
- Abdomen-distension-menses-during
- Stomach-nausea-menses-before
- Stomach-appetite-diminished-during
- Stomach-thirsty
- Chest-pain-cutting
- Back-pain-menses-during
- Extremity-pain-drawing-menses-leg-during
- Generals-cold-ameliorate

(Synthesis, 2002)

*Natrium muriaticum* was selected as it fits the above symptoms as well as matching the following symptoms from her case: menses was preceded and followed by headache; menses painful worse from getting cold, heart and chest feel congested, painful stitches in region of the heart, pain in the back, head feels too large, headache bursting during menses, heaviness of headache, immoderate thirst, drinks large quantities of water, craving for salt (Vermeulen, 2000).

**Prescription**

*Natrium muriaticum* 30CH - one powder taken once daily for two weeks prior to the menses.
4.7.2 Second consultation – July 2008

The last menstrual period was normal, with dark-red blood and no clots. She did not experience any menstrual pain. She experienced shooting pain in the inguinal area about a week before menses.

**General symptoms**

Her energy levels were very high in the morning and decreased as the day went on. She preferred it when it was cold and in winter. She desired chocolate and juice especially fruit juices. Her appetite was diminished and she had an aversion to macaroni. Her sleep was normal during menses especially when she felt the pain but she normally did not sleep well.

**Emotional symptoms**

She got irritable during menses, but was better than before; company did not affect her this time.

**PHYSICAL EXAMINATION**

Observation and vital signs

- Blood pressure: 122/80 mmHg
- Pulse rate: 60 breaths per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 39 degrees Celsius
- Weight: 79 kg

**ABDOMINAL EXAMINATION**

No relevant findings
PELVIC EXAMINATION

No relevant findings

Prescription
Nil

4.7.3 Third consultation – August 2008

The last menstrual cycle had been worse as all the symptoms she had experienced previously had returned. Burning pain in the lower back was accompanied by abdomen cramps radiating to the thigh on the first two days of menses. The pain was aggravated by cold water and ameliorated by warmth and warm applications. The menses had a lot of clots. The pain was associated with nausea and flushes of heat on the face and neck on the first day of menses. The hot flushes were better for cold, fresh air.

General symptoms

Her energy levels were very high in the morning and decreased as the day went on. She preferred it when cold and in winter as she got headaches when hot. Her appetite was diminished and was worse during periods. She became very bloated after heavy meals. She was usually thirsty and preferred to drink cold water.

Emotional symptoms

She was very irritable during menses.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 124/80 mmHg
- Pulse rate: 66 beats per minute
Respiratory rate: 20 breaths per minute
Temperature: 39 degrees Celsius
Weight: 79 kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings

Motivation for selection of the remedy

- Female-menses-dark
- Female-menses-thin
- Mind-irritability-menses-during
- General-food and drinks-chocolate-desire
- Generals-food and drinks-salt-desire
- Abdomen-pain-shooting-inguinal region-left
- Stomach-thirsty
- Stomach-nausea-menses-during
- Chest-pain-cutting

(Synthesis, 2002)

Nux vomica was selected because it fitted the above as well as the following symptoms: pain in sacrum and menses dark. Burning in the spine, drawing pain from small of back. Spasmodic, cutting pain in the chest. Ravenous hunger. Very irritable during menses. Weakness and pain of abdominal ring as if pain would occur. Thirsty. Flatulence and distension. Heaviness and pressure in the head worse for warmth (Vermeulen, 2000).
Prescription

_Nux vomica_ 12CH - one powder taken daily for two weeks prior to the menstrual period.

4.7.4 Final consultation – September 2008

The participant reported the remedy worked very well on her symptoms and showed improvement but she still had the flushes of heat. The participant returned her last evaluation form to the researcher.

4.7.5 Overview of case seven

The participant showed a favourable response to _Natrium muriaticum_ and showed an even better response to _Nux vomica_. The participant responded very well to _Natrium muriaticum_ and showed an improvement in all the symptoms associated with primary dysmenorrhoea and the pain of primary dysmenorrhoea. The participant recovered in month one but the symptoms returned after month two. The symptoms were repertorised, evaluated and analyzed so a new remedy, _Nux vomica_ was prescribed. _Nux vomica_ improved the symptoms but only flushes of heat could not improve. The participant’s overall symptom severity fluctuated between month one and month three. The overall results of participant seven are shown in Figure 4.7.1 and 4.7.2 below. Possibly the patient would have done better with a continued prescription of the original _Natrium muriaticum_.

Figure 4.7.1 Graph illustrating total symptom score of participant seven over the three month treatment period.

Figure 4.7.2 Graph illustrating individual symptom score of participant seven over the treatment period.
4.8 CASE EIGHT

Gender and Race: Black female
Year of birth: 1988   Age: 19 years
Resides: Johannesburg
Occupation: Student
Marital Status: Single
Number of pregnancies: none

4.8.1 First consultation – May 2008

A 19 year old black female presented with cramping, heavy pain in the lower abdomen before menses, and back pain during menses extending to the thighs. The pain was aggravated by lying on the back and at night and it was ameliorated by resting. The blood was scanty, dark-red, and thick with lots of clots, which looked like pieces off meat washed off. She felt nauseous often, especially in the morning even before menses which was better for eating and became worse during menses. Her abdomen felt heavy and very full. She was irritated by every little thing and got very tired during menses.

Menarche started at the age of 13 years and the menstrual pain started six months later. Menses duration was three to four days and the pain started about two days before menses and lasted till the second day of menses. She took Panado® for the menstrual pain and was also taking multivitamins.

She sometimes had vertigo with the feeling that she would fall forward.

General symptoms

She liked fresh open air and hated warmth. Her appetite was generally diminished and she ate better and well when nauseous. She desired sweet things and she was not thirsty but drank enough water as she loved drinking water. She was aggravated by warmth and ameliorated by open air and resting. Her urine passed involuntarily when she walked fast and or coughed.
Mental and emotional symptoms

She got irritated easily during menses and stressed a lot about university work.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 110/80 mmHg
- Pulse rate: 20 beats per minute
- Respiratory rate: 25 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 57 kg

ABDOMINAL EXAMINATION

No relevant findings.

PELVIC EXAMINATION

No relevant findings.

Motivation for selection of the remedy

The following characteristic rubrics fitted the case:

- Back-pain-menses-during
- Female-menses-clotted
- Female-menses-late
- Female-menses-scanty
- Mind-irritability
- General-open air-ameliorate
- Abdomen-pain-cramping-menses-before
• Abdomen-pain-pressure-menses-before
• Stomach-nausea-menses-during
• Bladder-urination-involuntary-cough-during
• Vertigo-fall-forward

(Synthesis 2002)

Pulsatilla was selected because it included:
Menses too late, thick, painful and it is also irregular and changeable, dysmenorrhoea beginning in puberty, very irritable and felt slighted, morning nausea especially during menses, abdomen is painful, distended, flatulent or neuralgic, cutting pain in lower abdomen, drawing, cramping pains, vertigo worse for nausea during menses, involuntary micturition while coughing, feels better for open air (Vermeulen, 2000) and dysmenorrhoea with scanty dark menstruation (Moiloa, 2000).

Prescription

Pulsatilla 30CH - one powder daily for 14 days prior to the menstrual period

4.8.2 Second consultation – June 2008

She described the last menstrual cycle as very heavy with thin and very light blood. The menstrual pain was worse previously. The pain was crampy and with heaviness in the lower back and abdomen. The pain got worse as the blood flowed and when she moved around. The participant explained that she was very fatigued.

General symptoms

She liked cold open air, her appetite was increased and she was not a thirsty person but made sure she drank enough water. She desired cold drinks and sweets. She was aggravated by warmth and heat and she was ameliorated by open air and rest. Urine was normal and did not pass involuntarily anymore.
Emotional symptoms

She experienced irritability during menses which was worse when things went wrong.

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 120/78 mmHg
- Pulse rate: 78 beats per minute
- Respiratory rate: 19 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 57 kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings

Motivation for selection of the remedy

The following rubrics were used as the selection of remedy:

- Mind-irritability-menses-during
- Female-menses-thin
- Female-menses-bright, red
- Female-menses-pain-worse-flow-greater pain
- Female-menses-pain-motion-aggravation
- Back-pain-cramping-lumbar region-menses-before
- Abdomen-pain-cramping-menses-before
Generals-cold drinks-desires
Generals-open air-ameliorate

(Synthesis, 2002)

Belladonna was selected as it is also for bright red menses, and for pain in the small of the back as if broken or would break.

Prescription

Belladonna 30CH-two powders daily for two weeks

4.8.3 Third consultation – July 2008

The last menstrual period showed much improvement, flow was normal with thin and very light blood. No pain was experienced. No other symptoms were experienced. She experienced bloating three days before menses but was fine during menses.

General symptoms

Her energy levels were fine. She liked cold open air, her appetite was normal and she made sure she ate all her meals and crisps in between meals. She was not a thirsty person but made sure she drank enough water. She desired cold drinks, sodas and sweets. She was aggravated by warmth and heat and she was better for open air and rest.

Emotional symptoms

She was fine but she was very irritable during menses which was worse when things went wrong as usually experienced during menses.

PHYSICAL EXAMINATION

Observation and vital signs
• Blood pressure: 124/80 mmHg
• Pulse rate: 78 beats per minute
• Respiratory rate: 19 breaths per minute
• Temperature: 39 degrees Celsius
• Weight: 57 kg

ABDOMINAL EXAMINATION

Auscultation: Increased bowel movements
No other relevant findings

PELVIC EXAMINATION

No relevant findings

Prescription

Nil

4.8.4 Final consultation – August 2008

The participant reported that the symptoms were not experienced at all during her previous menses. She gave back her final evaluation of symptoms form to the researcher.

4.8.5 Overview of case eight

The participant responded well to Pulsatilla, but it helped general symptoms and did not improve the dysmenorrhoea and associated symptoms. The case was evaluated again and therefore Belladonna was given which produced more improvement during the second month and there was no need to repeat it during the third month. The severity of all the symptoms improved during the second month and did not return at all. The overall results of participant eight are shown in Figure 4.8.1 and 4.8.2 below.
Participant 8- Total symptom score over the three month treatment period

Figure 4.8.1 Graph illustrating total symptom score of participant eight over the three month treatment period.

Participant 8- Individual symptom score over the three month treatment period

Figure 4.8.2 Graph illustrating individual symptom score of participant eight over the treatment period.
CASE NINE

Gender and Race: Black female  
Year of birth: 1987    Age: 21 years  
Resides: Johannesburg  
Occupation: Student  
Marital Status: Single  
Number of pregnancies: none  

4.9.1 First consultation - May 2008

A 21 year old black female presented with abdominal pain that radiated from right to left on the pelvic area, to the thigh and hips. The menstrual blood was profuse, dark, thick and very offensive. The pain was aggravated by the flow of blood, the more the flow, the worse the pain was and it was ameliorated by applying something warm to the area, by warm drinks and by eating. The menses stained the underwear and this was difficult to wash out. The menstrual pain was associated with pain below the left breast, aching and heavy pain in the legs, stiffness in the lumbar and sacral region and a spraining feeling and pain in the neck.

Menarche started at the age of 14 years and the menstrual pain started two years later at the age of 16 years. The menses duration was four days with the pain starting on the second day and lasting till the third day.

She was taking Brufen® on the second and third day which decreased the intensity of pain. She had vitamin B-complex injection every second month. Systemically she experienced a spraining pain in the back and neck often, especially on activity.

General symptoms

She woke up very energetic but as the day went on, she became tired. She loved the hot weather because it made her feel good. Her appetite was always good and she felt better by eating. She drank about a litre of liquid (usually water and juice) daily. She was aggravated by her menses. She was sleepless because she worried a lot about not doing well at university.
Emotional symptoms

She complained of feeling sad as she was not doing well at university this year and said that she had never been that bad at university before and she felt so stupid. She felt very sad and nothing made sense to her. She felt like she was in the dark.

Family history

The grandmother from mother’s side has arthritis.
Dad died from heart attack and was hypertensive

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 120/70 mmHg
- Pulse rate: 72 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 36 degrees Celsius
- Weight: 52 kg

ABDOMINAL EXAMINATION

Inspection: sensitive to light touch
No other relevant findings

PELVIC EXAMINATION

No relevant findings
Motivation for selection of remedy

*Cimicifuga racemosa* scored the highest in the repertorisation as it fitted most of the participant’s symptoms. The following characteristic rubrics were used:

- Mind-sadness
- Female-menses-dark
- Female-menses-painful-flow-more flow-greater pain
- Female-menses-wash-off difficult
- Female-menses-offensive
- Stomach-appetite-ravenous
- Chest-pain-mammae-under left
- Chest-pain-mammae-menses-during
- Back-stiffness
- Back-pain-cervical
- Generals-aggravation-menses-during
- Generals-eating-while-ameliorate

(Synthesis, 2002)

In addition *Cimicifuga racemosa* was selected as the following symptoms fitted the case very well: Sensation of cloud was enveloping her, as if a heavy; black cloud had settled over and enveloped her head, so that all is darkness and confusion; rheumatic pains with stiffness and contraction in the legs (Vermeulen, 2000). Abdominal pain during menses darting from side to side (Moiloa, 2000).

**Prescription**

*Cimicifuga racemosa* 30CH - one powder taken once daily for 7 days and placebo powders, taken once daily for 7 days
4.9.2 Second consultation – June 2008

The last menstrual period was normal. She experienced a lot of improvement; the pain came on the first day only. The pain was the same as the one experienced during the previous month, darting from left to right but did not radiate to the hips and thighs as before. The pain became better and disappeared as the blood flow increased. The other symptoms experienced were slight stiffness of the muscles of the lower limbs and fatigue which were also experienced on the first day and improved as the blood flow increased.

General symptoms

Her appetite was normal. She was better for eating. She was aggravated during menses but explained that this aggravation improved during the previous menses (month two).

Emotional symptoms

She was sad as she was busy with exams and she did not think that she had passed because the papers were very difficult, but she realized that she was not up to date with her university work because of the part-time job she had from Friday to Sunday.

She did not finish the prescription (had two powders left).

PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 120/72 mmHg
- Pulse rate: 66 beats per minute
- Respiratory rate: 18 breaths per minute
- Temperature: 37 degrees Celsius
- Weight: 52 kg
ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings

Motivation for selection of the remedy

*Cimicifuga racemosa* was repeated. The researcher analysed the whole case, and kept the participant on the same prescription as it had reduced the dysmenorrhoea and associated symptoms and was improving the participant’s general state of health.

Prescription

*Cimicifuga racemosa* 30CH - One powder was taken daily for seven days.

4.9.3 Third consultation – August 2008

The participant’s last menstrual period had been fine with no pain. She experienced fatigue in the morning on the first day.

General symptoms

Her energy levels were high/increased in the morning. She liked cold open air and coldness, her appetite was normal and she was not thirsty but made sure she drank about three to five glasses of water daily. She was ameliorated by eating.

Emotional symptoms

She was fine, she had passed all her subjects at university even though with low symbols, but she was fine and happy about the pass. Work was also fine.
PHYSICAL EXAMINATION

Observation and vital signs

- Blood pressure: 120/80 mmHg
- Pulse rate: 78 beats per minute
- Respiratory rate: 20 breaths per minute
- Temperature: 38 degrees Celsius
- Weight: 52 kg

ABDOMINAL EXAMINATION

No relevant findings

PELVIC EXAMINATION

No relevant findings

Prescription

Nil

4.9.4 Final consultation – September 2008

She explained the last menstrual period as fine with no pain or any associated symptom experienced. She also reported that the remedies worked very well on her dysmenorrhoea and associated symptoms. The participant returned her final evaluation of symptoms form.

4.9.5 Overview of case nine

The participant responded very well to *Cimicifuga racemosa*. The symptoms showed improvement from month one to month two and therefore no remedy was given during the third month. The depressive mood symptoms decreased slightly after month one but it improved drastically after
month two. The rheumatic symptoms also improved slightly during the first month but the improvement increased during month two. Figure 4.9.1 and 4.9.2 below shows the change in symptoms and general health of participant nine.
Figure 4.9.1 Graph illustrating total symptom score of participant nine over the three month treatment period.

Figure 4.9.2 Graph illustrating individual symptom score of participant nine over the treatment period.
4.10 Overview and discussion of all participants’ cases

The study had ten participants in the beginning but one participant was taken off the study, as she developed gynaecological symptoms that were exclusion criteria for the study. She was referred for investigations and treatment.

In figure 4.10 below, the progress of all nine participants’ symptoms over the three month treatment period can be seen. It is observed from the figure 4.10 that lower abdominal pain, nausea, constipation, diarrhoea and fatigue decreased slightly from month one to month three, while mood swings were decreasing from month one to month two but increased slightly during month three. Vomiting remained constant throughout and breast tenderness was constant during month one and two but decreased during month three. The menstrual flow increased.

![Figure 4.10 Graph illustrating the total score of each symptom of all participants over the three month period](image)
Figure 4.11 below shows the total scores of each participant. Participants 1, 2, 3, 5, 6 and 9 decreased slightly whereas participant 8 showed dramatic decrease during month one and two but the decrease during month three was slight. Participants 7 and 4 showed worsening of their scores during month two, but that changed as there was a dramatic decrease of symptoms during month three.
CHAPTER FIVE

DISCUSSION AND RESULTS

5.1 INTRODUCTION TO RESULTS

This chapter discusses the results of the trial on the efficacy of homeopathic similimum in the treatment of the symptoms of primary dysmenorrhoea and associated symptoms in black females between the ages of 18 and 25 years. These participants were treated for three months. The data was obtained from the following:

- The twenty-seven completed evaluation of symptoms forms (Appendix D) collected from all nine participants at their three month follow-ups. These evaluation forms were sent for statistical analysis so as to determine the statistical significance of the results. The following symptoms were rated on the evaluation of symptoms forms (Appendix D) according to participants’ monthly feedback:
  - Lower abdominal pains
  - Nausea
  - Vomiting
  - Constipation
  - Diarrhoea
  - Irritability
  - Breast tenderness
  - Fatigue
  - Mood swings
  - Flow rate

The above symptoms were rated by the participants according to the following scale:

- 0 = NONE
- 1-3 = MILD
- 4-7 = MODERATE
8-10 = SEVERE

- The case records of the participants using the initial case taking form (Appendix E), the follow up consultation forms (Appendix F) and the evaluation of symptoms forms (Appendix D). These case records were qualitatively analyzed and assessed looking at change of symptoms in terms of Hering’s law of cure.

5.2 STATISTICAL RESULTS

**Hypothesis:** It was hypothesized that the homeopathic simillimum remedies would be effective in reducing the symptoms of primary dysmenorrhoea in black females of age 18-25 years.

In this research study the hypothesis was tested using non parametric tests. These were used as the size of the sample was small (total of nine participants). The three non-parametric tests used were Friedman’s test, the Shapiro-Wilk test of normality and the Wilcoxon signed rank test. The significance of the statistical data from the evaluation of symptoms form (Appendix D) is represented by the use of probability values (P-values). These P-values were determined during the treatment period between each month. The significance level is usually chosen to be 0.05, where it is stated that:

- P < 0.05 shows a significant statistical difference in means (Accept hypothesis)
- P ≥ 0.05 shows there is no significant statistical difference in means (Reject hypothesis).

5.3 STATISTICAL ANALYSIS OF SINGLE SYMPTOMS

The results of each symptom for the three month treatment period are shown in the table below, where the Shapiro-Wilk test of normality was used to determine the P-value:
TABLE 5.1-Table illustrating the P-value for each symptom for each month during the treatment period using Shapiro-Wilk test

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Month one P-value</th>
<th>Month two P-value</th>
<th>Month three P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower abdominal pain</td>
<td>0.058 Reject</td>
<td>0.0163 Accept</td>
<td>0.0001 Accept</td>
</tr>
<tr>
<td>Nausea</td>
<td>0.010 Accept</td>
<td>0.003 Accept</td>
<td>0.0001 Accept</td>
</tr>
<tr>
<td>Vomiting</td>
<td>0.0001 Accept</td>
<td>0.000 Constant</td>
<td>0.000 Constant</td>
</tr>
<tr>
<td>Constipation</td>
<td>0.001 Accept</td>
<td>0.0002 Accept</td>
<td>0.0001 Accept</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>0.0001 Accept</td>
<td>0.0001 Accept</td>
<td>0.000 Constant</td>
</tr>
<tr>
<td>Irritability</td>
<td>0.0048 Accept</td>
<td>0.0022 Accept</td>
<td>0.0001 Accept</td>
</tr>
<tr>
<td>Breast tenderness</td>
<td>0.0001 Accept</td>
<td>0.0003 Accept</td>
<td>0.0001 Accept</td>
</tr>
<tr>
<td>Fatigue</td>
<td>0.024 Reject</td>
<td>0.021 Accept</td>
<td>0.0076 Accept</td>
</tr>
<tr>
<td>Mood swings</td>
<td>0.0001 Accept</td>
<td>0.000 Constant</td>
<td>0 Constant</td>
</tr>
<tr>
<td>Flow rate</td>
<td>0.1433 Reject</td>
<td>0.239 Reject</td>
<td>0.4498 Reject</td>
</tr>
</tbody>
</table>

- The results of the effect of the homeopathic similimum on specific symptoms of primary dysmenorrhea revealed that there was significant improvement in the following symptoms:
1. Lower abdominal pains (after month two of treatment)
2. Nausea (after month one of treatment)
3. Constipation (after month one of treatment)
4. Diarrhoea (after month one of treatment)
5. Irritability (after month one of treatment)
6. Breast tenderness (after month one of treatment)
7. Fatigue (after month two of treatment)

- The results of the effect of the homeopathic simillimum on specific symptoms of primary dysmenorrhoea revealed that there was significant improvement in the following symptoms after month one, and they remained constant throughout month two and three:
  1. Vomiting
  2. Mood swings

- The flow rate was scored so as to observe if the remedy brought about any change to the rate (increase or decrease). The flow rate showed an increase for the study. The menstrual flow changes with days during menstruation, so this rate changed with days and with individuals. The flow rate trend therefore was negative (not sure if it is better or worse).

The Friedman test was performed to test the comparison of the symptoms over time during the three month treatment period. This is shown in the table below:

**TABLE 5.2- Table illustrating the significance change in each symptom during the treatment days using Friedman test**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower abdominal pain</td>
<td>P= 0.113 Not statistically significant</td>
<td>P=0.0001 Statistically significant</td>
<td>P=0.180 Not Statistically significant</td>
<td>P=0.223 Not Statistically significant</td>
<td>P=0.135 Not Statistically significant</td>
<td>P=0.368 Not Statistically significant</td>
</tr>
<tr>
<td>Symptom</td>
<td>P-value</td>
<td>Statistical Significance</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---------------</td>
<td>---------</td>
<td>--------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>0.232</td>
<td>Not statistically significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.014</td>
<td>Statistically significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.074</td>
<td>Not statistically significant</td>
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<td></td>
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<tr>
<td></td>
<td>0.050</td>
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</tr>
<tr>
<td></td>
<td>0.135</td>
<td>Not statistically significant</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>0.000</td>
<td>Constant</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>0.30</td>
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<tr>
<td></td>
<td>0.0</td>
<td>Constant</td>
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<tr>
<td></td>
<td>0</td>
<td>Constant</td>
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<tr>
<td></td>
<td>0</td>
<td>Constant</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>0</td>
<td>Constant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>0.526</td>
<td>Not statistically significant</td>
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<td></td>
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<tr>
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<tr>
<td></td>
<td>0.091</td>
<td>Not statistically significant</td>
<td></td>
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<tr>
<td></td>
<td>0.232</td>
<td>Not statistically significant</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>0.368</td>
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<tr>
<td></td>
<td>0.368</td>
<td>Not statistically significant</td>
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<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>0.368</td>
<td>Not statistically significant</td>
<td></td>
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<tr>
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<tr>
<td></td>
<td>0.368</td>
<td>Not statistically significant</td>
<td></td>
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<tr>
<td></td>
<td>0.368</td>
<td>Not statistically significant</td>
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<tr>
<td></td>
<td>0.368</td>
<td>Not statistically significant</td>
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<tr>
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<td>0.368</td>
<td>Not statistically significant</td>
<td></td>
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</tr>
<tr>
<td>Irritability</td>
<td>0.582</td>
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<tr>
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<td>0.007</td>
<td>Statistically significant</td>
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<tr>
<td></td>
<td>0.319</td>
<td>Not statistically significant</td>
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<td>0.607</td>
<td>Not statistically significant</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Breast tenderness</td>
<td>0.868</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td>0.010</td>
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</tr>
<tr>
<td></td>
<td>0.148</td>
<td>Not statistically significant</td>
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<tr>
<td></td>
<td>0.060</td>
<td>Not statistically significant</td>
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<tr>
<td></td>
<td>0.156</td>
<td>Not statistically significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.368</td>
<td>Not statistically significant</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Fatigue</td>
<td>0.705</td>
<td>Not statistically significant</td>
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<tr>
<td></td>
<td>0.898</td>
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<tr>
<td></td>
<td>0.538</td>
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<td>0.305</td>
<td>Not statistically significant</td>
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</tr>
<tr>
<td></td>
<td>0.230</td>
<td>Not statistically significant</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mood swings</td>
<td>0.146</td>
<td>Not statistically significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.093</td>
<td>Statistically significant</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>0.368</td>
<td>Not statistically significant</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>0.607</td>
<td>Not statistically significant</td>
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<tr>
<td></td>
<td>0.368</td>
<td>Not statistically significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.368</td>
<td>Not statistically significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flow rate</td>
<td>P=1.94</td>
<td>Not Statistically significant</td>
<td>P=0.003</td>
<td>Statistically significant</td>
<td>P=0.008</td>
<td>Statistically significant</td>
</tr>
</tbody>
</table>

### 5.4 STATISTICAL ANALYSIS OF THE COMBINED RESULTS

To analyse the combined results the Friedman test and Wilcoxon signed ranks test were performed, using data from all three months to analyse the changes over time. These tests rate the mean values (Friedman test) and mean ranks (Wilcoxon signed ranks test) and the significance of the p-value.

**TABLE 5.3** Table illustrating the statistical significance changes that occurred in the study during the three month treatment period

<table>
<thead>
<tr>
<th>Period of the treatment</th>
<th>Total P-value</th>
<th>Statistically significant or Not Statistically significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month one</td>
<td>0.134</td>
<td>Not Statistically significant</td>
</tr>
<tr>
<td>Month two</td>
<td>0.049</td>
<td>Statistically significant</td>
</tr>
<tr>
<td>Month three</td>
<td>0.035</td>
<td>Statistically significant</td>
</tr>
</tbody>
</table>

- The overall results revealed that there was no significant improvement during month one but during month two and three there was statistically significant improvement.

- The decrease in symptom severity was statistically significant during month two and three of treatment.
5.5 CLINICAL ANALYSIS OF THE PARTICIPANTS OVERALL SYMPTOMS

‘Clinical significance is subjective and it can be observed’ (Bengis, 2006). The researcher completed a case taking during every consultation and during these consultations the participants’ symptoms were carefully observed and recorded. The following pertaining to each participant was evident in the case histories, physical examinations and the ratings in the evaluation of symptoms form.

- Participant one: The participant’s overall symptoms improved during each month of the treatment. During the first and second month, she improved a lot from all the symptoms except for the nausea. Because one symptom was difficult to cure the remedy was changed, the new remedy was repertorised for the nausea and general and emotional symptoms. This remedy reduced the nausea and improved the general health of the participant. Case one therefore showed clinically significant improvement.

- Participant two: This case was very difficult as it did not show any improvement during month one and two, and was getting worse despite the change of remedies. Slight changes were observed during the third month. Therefore the improvement in this case was considered to be clinically insignificant.

- Participant three: The participant showed improvement during month one and a cure was reached during month two, where none of the previously experienced symptoms were experienced again. Therefore it can be concluded that this case showed clinically significant improvement.

- Participant four: The overall symptoms in this case improved from month one to two. No treatment was given during month three, but the participant was observed. The participant showed improvement but not all symptoms were cured. Breast tenderness and fatigue were still experienced. Generally there was lot of improvement therefore the case was considered to be clinically significant.
• Participant five: This participant showed a lot of improvement during month one and there was no need for treatment during month two and three. The participant’s case was therefore considered to show a clinically significant improvement.

• Participant six: This case showed improvement during month one and a cure was reached during month two, where the participant was asymptomatic. Therefore the case was said to show a clinically significant improvement.

• Participant seven: The participant improved dramatically during month one and there was no need for any treatment during month two but, however all symptoms returned after month two. She was then treated with a new remedy during month three where all the symptoms were cured. The researcher concluded this case needed monitoring but the similimum remedy was effective therefore it was said to show a clinically significant improvement.

• Participant eight: The participant showed improvement during the first and second months and no treatment was given in the last month. The participant reported great improvement in all the symptoms except fatigue and mood swings which did not show a good recovery. Therefore the researcher concluded that the similimum remedy was effective and the overall result were considered clinically significant.

• Participant nine: This participant did not show a good improvement and response after the first month but that changed and dramatic improvement was experienced after the second treatment and therefore she was not given any treatment during the third month. The participant did not experience any further symptoms during the study. So generally the participant achieved a positive result from the homeopathic similimum remedy, therefore the results were considered clinically significant.
5.6 CLINICAL SIGNIFICANCE VS STATISTICAL SIGNIFICANCE

The results of this study were considered to be statistically significant if the P value was smaller than the significance level (which was 0.05). Clinically, the significance of the study was subjective and was observed (Bengis, 2006).

From the case history, physical examination and the rating changes in the evaluation of symptoms form (Appendix D) it was evident that the study was clinically significant.

Statistically, with the data from the evaluation of symptoms form (Appendix D), the significance of the overall results did not reveal total significance during month one and two of treatment, but only during month three of treatment.

5.7 COMPLIANCE

The participants entered into this research study on a completely voluntary basis with the understanding that they were free to discontinue with their treatment at any time they wanted to. Sixteen volunteered but only ten were accepted as they met the study criteria and commenced with treatment. One participant developed symptoms which were exclusion criteria for the study, so her results were excluded. The study has proved to be effective and benefited all the nine participants in some way even though the outcomes showed that not all participants improved completely.
CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

The aim of the study was to determine the efficacy of the homeopathic similimum in the treatment of the symptoms of primary dysmenorrhoea in black females.

The homeopathic similimum was significantly effective in reducing menstrual pain, nausea, constipation, irritability, fatigue and mood swings. This improvement was statistically significant after three months, with no significant improvement observed during the first month of treatment.

The homeopathic similimum reduced the severity of the following symptoms after month one: vomiting, diarrhoea and breast tenderness. These changes were constant throughout the three month treatment period.

The flow rate was also rated in the evaluation form so as to monitor the change in flow (increase or decrease). This study found that the flow rate of all participants increased slightly during the study period.

The similimum remedy was prescribed for each participant based on the totality of their symptoms. Most of the participants experienced an improvement in primary dysmenorrhoea and associated symptoms without any observed or mentioned side-effects (see section 2.6.1.2 and 2.6.2.3). This shows that the homeopathic similimum is not only effective in the treatment of menstrual pain and associated symptoms but also other symptoms that are not related to dysmenorrhoea without bringing any unwanted effects.

In conclusion, the homeopathic similimum was found to be effective in reducing primary dysmenorrhoea and its associated symptoms with no side-effects and reduced the needs
for allopathic pain medication in black females.

6.2 RECOMMENDATIONS

6.2.1 Continued studies

It is recommended that further studies be carried out on the efficacy of the homeopathic similimum in the treatment of symptoms of primary dysmenorrhoea. These studies should include:

- A study done on other demographic groups to be compared with the study of black females.
- A longer time for study, so as to observe longer term significance of homeopathic treatment of primary dysmenorrhoea.
- A larger number of participants, as this would allow a larger diversity of participants to take part and a wider scope of what dysmenorrhoea means to the individual.
- A comparison between samples of participants receiving placebo treatment versus participants receiving homeopathic similimum treatment.
- A comparison between samples of participants receiving a complex homeopathic remedy versus those receiving a homeopathic similimum remedy.
- Further studies on the treatment of primary dysmenorrhoea using different homeopathic complex remedies.
- The integration of a nutritional plan, exercise regime and inclusion of other complementary therapies in a study.

6.2.2 Benefits of the study

- This study found that correctly prescribed homeopathic medicines have a low incidence of side-effects in contrast to the undesirable side-effects of allopathic pain medication.
• This study found that homeopathy offers a treatment that is cost-effective and non-toxic to those suffering from primary dysmenorrhea.

• The study contributed to medical and homeopathic knowledge on the treatment of primary dysmenorrhea in future sufferers.

6.2.3 Limitations of the study

• The sample size of the study was small and the study may have yielded better data from a larger sample group.

• Participants commenced the treatment during different phases of their menstrual cycle. This was confusing for statistical analysis, prescription of remedies and scheduling follow-up appointments.

• The relative inexperience of the researcher in case taking and prescribing may have affected whether the correct similimum was chosen for each participant which therefore influenced the results.

6.2.4 Potential for technology transfer

The value of this kind of study is that homeopathy may be considered as an alternative treatment for primary dysmenorrhea and the symptoms that are associated with it. It is valuable as this study improved the quality of life in women suffering from primary dysmenorrhea and its associated symptoms, with pain not interfering with the daily activities anymore. Homeopathy can be used together with other health modalities including allopathic medicine, gynaecology, naturopathy and herbal treatment, as a multidisciplinary approach to promote the general health of women suffering from primary dysmenorrhea and its associated symptoms.
REFERENCES


Do you suffer from severe menstrual pains or PERIOD PAINS

Are you a black female between the ages of 18 and 25

We are looking for volunteers to participate in a research study being conducted through the Department of Homeopathy.

Participation in the study is voluntary, confidential and free of charge.

The research methodology was approved by the Faculty of Health Science Higher Degree and Ethical committee (Ethical clearance number: 11/08)

This study is part of a larger study which will compare the response of different demographic groups to the homeopathic simillimum treatment of primary dysmenorrhoea.

If you are interested in participating contact Eunice on:
0721965178
Dear participants,

I am Eunice Mokabane, a Fifth year M.Tech. Homeopathy research student at University of Johannesburg. I’m conducting a research study on the treatment of menstrual pain (dysmenorrhoea) using homeopathic treatment. You are invited to participate in the study.

Primary dysmenorrhoea is a cramping pain associated with the menstrual cycle where there is no disease or abnormality. It usually begins within the first 6-12 months after your first menstrual cycle. Dysmenorrhoea can have a profoundly negative impact on a woman's day-to-day life, in addition to missing work or school, she may be unable to participate in sports or other activities, caused by the emotional distress brought on by the pain.

The aim of this study is to evaluate if the homeopathic individual medication can relieve or cure the period pains and general and emotional symptoms associated with period pain.

As participants you will have to be a black female between the ages of eighteen and twenty-five and have experienced your menses for at least 6 months and you will be required to be available for the study for three months where you will have to attend four consultations, take the medication given with instructions and complete the evaluation form that you will be given with the medication.

This study is part of a larger study which will compare the response of different demographic groups to the homeopathic simillimum treatment of primary dysmenorrhoea.
Homeopathy is a safe and effective way to treat illness, as well as to improve health. Homeopathic medicines or remedies are derived from plants, minerals or animals for the purposes of stimulating the natural healing response, they are free from side effects and have no anticipated risks. The Homeopathic simillimum is a remedy that is selected for each individual that treats the mental, physical and general symptoms.

The study will be conducted for the period of three months, you will fill in a questionnaire and be examined, and after your case history is taken, you will be given a homeopathic remedy to take each month for the period of treatment (which is four consultations).

As a participant you have the right to withdraw from the research at any time. Confidentiality will be kept on all information that you disclose to the researcher at any time and no identifying data will be published in any of the research reports. Please note that you can contact the researcher or research supervisor should anything arise during the course of the trial.

The outcomes of the research will be available to you should you wish to see them.

**INFORMATION CONSENT**

I the participant have read the above information, understood it and have also asked the questions about anything that I needed to know in relation to the research and I now agree to participate in the research; I understand that I have the right to withdraw at anytime.

________________________________________                         ___________________
Participant’s signature       Date

I, the researcher have fully explained the methodology, aim, type of treatment of the study to participants and any question that participants ask will be answered to the best of
my ability.

Researcher’s signature
Mokabane Eunice
0721965178

Supervisor
Dr K.S.Peck
0828242280
APPENDIX C

SCREENING QUESTIONNAIRE FORM

Patient name: ___________________________ Age__________

NB! Participant should have never been pregnant

1. At what age did you start your menses?

________________________________________

2. When did you first have menstrual pain?

________________________________________

3. When in your menses stage does the pain start?
   a) Before menses   b) during menses c) after menses d) The whole menses

4. Are you sexually active? Yes / No

5. If above answer is yes, have you ever had any sexual transmitted diseases before the pain started? Please name them?

_________________________________________________________________
_________________________________________________________________

6. Are you taking any medication for menstrual pains? Yes / No if yes which?

________________________________________________________

7. Does pain improve with pain medication? Yes / No

8. Are you on any contraceptive method? Yes / No  If yes which one?

________________________________________________________________________

9. Have you ever been diagnosed with any ovarian or uterine disorder or disease? Yes / No. If yes please name__________________________

10. Do you experience any of these symptoms in association with primary dysmenorrhea, please rate as scale 0-none 1-4=mild 5-7=moderate 8-10=severe
   a) Nausea _____ b) Vomiting _____ c) Constipation _____ d) Diarrhoea _____
   e) Breast tenderness _____ f) Abdominal bloatedness _____ g) Irritability and nervousness _____ h) Fatigue _____

11. Do you get any discharge Yes / No. If yes 1.what colour is it?

12. Is it itching Yes / No.3.any smell Yes / No.4 what kind of smell?

13. Do you have sores around the genitals? Yes / No
12. Do you experience pain on urination? **Yes / No**

13. Do you experience pain during sex? **Yes / No**

14. Do you experience long, extremely heavy periods? **Yes / No**

(In the event of any of the following 5, 7, 9, 11, 12, 13, 14 being positive they will be referred.)
**APPENDIX D**

**EVALUATION OF SYMPTOMS FORM (Christie, 2005)**

Patient’s Name __________________________________________ Date ____________________

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<th>SCALE</th>
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</tbody>
</table>

**RATE**

0 = NONE  1-3 = MILD  4-7 = MODERATE  8-10 = SEVERE

Please indicate the severity of each of the following SYMPTOMS using the 10-point scale provided.

1. Lower abdominal pain
2. Nausea
3. Vomiting
4. Constipation
5. Diarrhoea
6. Irritability
7. Breast tenderness
8. Fatigue
9. Mood swings
10. Flow

<table>
<thead>
<tr>
<th>One day before the menses</th>
<th>Day one of menses</th>
<th>Day two of menses</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>10.</td>
<td>10.</td>
<td>10.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day three of menses</th>
<th>Day four of menses</th>
<th>Day five of menses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>1.</td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>10.</td>
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</tbody>
</table>
### APPENDIX E

**CASE HISTORY AND EXAMINATION FORM**

<table>
<thead>
<tr>
<th>FILE:</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>SURNAME:</td>
<td>TITLE:</td>
</tr>
<tr>
<td>FIRST NAMES:</td>
<td></td>
</tr>
<tr>
<td>MARITAL STATUS:</td>
<td></td>
</tr>
<tr>
<td>DATE OF BIRTH:</td>
<td>AGE:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT NO:</th>
<th>OCCUPATION:</th>
</tr>
</thead>
</table>

#### DYSEMMENORRHOEA
- LOCATION OF PAIN:
- RADIATION:
- TIME IN CYCLE:
- AGGRAVATION:
- AMELIORATION:
- DURATION:

#### MENSES
- MENARCHE:
- LENGTH OF CYCLE:
- AMMOUNT:
- COLOUR:
- CONSISTENCY:
- CLOTS:
- STAIN:

#### ALLERGIES:

#### MEDICATIONS:

#### VITAMINS AND OTHER SUPPLEMENTS:

#### FAMILY HISTORY:
- DIABETES:
- EPILEPSY:
- ARTHRITIS:
- RHEUMATOID:
TB:
HEART AND HYPERTENSION:
PAST MEDICAL HISTORY AND TREATMENT:

CHILDHOOD DEVELOPMENT AND MILESTONES:

VACCINATION HISTORY:

GENERAL SYMPTOMS
ENERGY LEVELS:
WEATHER MODALITIES AND TEMPERATURE:

APPETITE AND DIET:
THIRST:
DESIERES:
AVERSION:
AGGRAVATION:
AMELIORATION:

BOWEL MOVEMENT:
URINE:
SLEEP:
DREAMS:
PERSPIRATION:

SYSTEM REVIEW
HEAD:
EYES:
EARS:
NOSE:
MOUTH:
THROAT:
CHEST:

HEART:

FEMALE

ABDOMEN:

MUSCULOSKELETAL

DERMATOLOGY
ALCOHOL INTAKE: QUANTITY:
SMOKING: QUANTITY:

MENTAL AND EMOTIONS


PHYSICAL EXAMINATION
VITAL SIGNS
BP: PR: RR: 
TEMP: Weight: 
C: A: J: C: O: L: D: 

ABDOMEN:

PELVIS
APPENDIX F
FOLLOW-UP FORM

<table>
<thead>
<tr>
<th>HOW WAS YOUR LAST MENSTRUAL CYCLE?</th>
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</thead>
<tbody>
<tr>
<td>DID YOU EXPERIENCE PAIN?</td>
</tr>
<tr>
<td>IF YES EXPLAIN IT?</td>
</tr>
<tr>
<td>OTHER SYMPTOMS EXPERIENCED?</td>
</tr>
</tbody>
</table>

| CHANGES IN TERMS OF GENERALS:    |
| ENERGY LEVELS:                   |
| WEATHER MODALITIES AND TEMPERATURE: |
| APPETITE AND DIET:               |
| THIRST:                          |
| DESIRES:                         |
| AVERSION:                        |
| AGGRAVATIONS:                    |
| AMELIORATIONS:                   |
| BOWEL MOVEMENT:                  |
| URINE:                           |
| SLEEP:                           |
| DREAMS:                          |
| PERSPIRATION:                    |

<p>| PHYSICAL EXAMINATION:            |
| VITAL SIGNS                      |
| BP:                              |
| PR:                              |
| RR:                              |
| TEMP:                            |
| WEIGHT:                          |
| C:                               |
| A:                               |
| J:                               |
| C:                               |
| O:                               |
| L:                               |
| D:                               |</p>
<table>
<thead>
<tr>
<th>ABDOMEN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PELVIS:</td>
</tr>
<tr>
<td>EMOTIONAL CHANGES</td>
</tr>
</tbody>
</table>

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UNIVERSITY OF JOHANNESBURG
APPENDIX G

REMEDY TAKING INSTRUCTION LEAFLET

Please follow the following instructions when taking the remedy, so as to ensure reliability of the research outcomes.

STORAGE

- Store in a cool, dry place (below 25 degree Celsius) away from sunlight
- Keep out of reach of children
- Please take one powder daily

DIRECTIONS

- Take one powder daily, on its own, without food, drinking or cleaning teeth for 20 minutes before or after
- Place the powder in the mouth below the tongue and allow it to dissolve slowly

CONTRAINDICATIONS

- Use of alcohol with the remedy
- Use of coffee with the remedy