

“Case Series on Homoeopathic Intervention in Premenstrual Syndrome among Females of 18–40 Years”

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ABSTRACT

Background: Premenstrual Syndrome (PMS) is a common condition affecting women in the reproductive age group, characterized by physical, emotional, and behavioural symptoms occurring during the luteal phase of the menstrual cycle. Conventional management often provides only symptomatic relief and may be associated with side effects. Homoeopathy, being individualized and holistic, offers a safe and effective therapeutic alternative. Individualized prescriptions were made using *Synthesis Repertory*, and follow-up was assessed based on the reduction in symptom severity and improvement in overall well-being. The findings suggest that homoeopathic intervention may play a supportive role in alleviating PMS symptoms, thereby improving quality of life. This case series highlights the scope of homoeopathy in the management of PMS and emphasizes the need for further systematic clinical studies. **Methods:** This case series was conducted on females aged 18–40 years presenting with PMS symptoms at the OPD of Parul Institute of Homoeopathy and Research Hospital. A total of 10 cases were included On the Basis of Clinical Presentation of PMS or Pre diagnosed case of PMS With Consideration of Including and Excluding Criteria of this Research Study. Cases were selected based on detailed case taking, repertorization by using synthesis repertory, and prescription of individualized homoeopathic remedies. Follow-up was conducted for three cycles, and outcomes were assessed using a standardized symptom severity score. **Results:** Significant improvement was observed in the majority of cases. Reduction was noted in both physical symptoms (such as headache, breast tenderness, bloating, and fatigue) and psychological symptoms (such as irritability, mood swings, anxiety, and depression). No adverse effects were reported during the treatment. **Conclusion:** This case series suggests that individualized homoeopathic treatment may be beneficial in the management of Premenstrual Syndrome in women aged 18–40 years. This study shows the effectiveness of synthesis repertory in the treatment of PMS.

INTRODUCTION

Premenstrual syndrome (PMS) is a multifactorial condition characterized by cyclical physical, emotional, and behavioural symptoms that occur during the luteal phase of the menstrual cycle and typically subside with the onset of menstruation [1]. The clinical manifestations may include mood disturbances, irritability, breast tenderness, bloating, headache, and fatigue, significantly impacting quality of life in susceptible women [2,3].

PMS is recognized as a highly prevalent condition, with epidemiological studies estimating that up to 90% of menstruating women experience some degree of premenstrual symptoms, although only about 20-40% meet the diagnostic criteria for clinically significant PMS, and 3-8% develop severe premenstrual dysphoric disorder (PMDD) [4-6].

According to the World Health Organization (WHO), psychological symptoms such as sadness, loss of confidence, reduced self-esteem, and diminished energy are more frequently reported among females compared to males, particularly in relation to hormonal fluctuations across the menstrual cycle [7]. In India, approximately 27.7% of the female population belongs to the 15-29 years age group, a period considered a critical transitional

phase marked by rapid physical, mental, emotional, and social development [8].

During this stage, many women encounter menstrual and premenstrual health concerns. Epidemiological surveys have demonstrated that nearly 80% of women of reproductive age experience at least some degree of premenstrual symptoms, with varying severity. These symptoms are particularly pronounced in the early reproductive years, when neuroendocrine and psychosocial adaptations are still stabilizing [1-3]. Such cyclic disturbances may impair quality of life, contribute to absenteeism in work or education, and predispose to more severe conditions like premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) [4].

Diagnostic Criteria for Premenstrual Syndrome (ACOG)

According to the American College of Obstetricians and Gynaecologists (ACOG), the diagnosis of premenstrual syndrome (PMS) is established when the following criteria are fulfilled [9]:

1. The symptoms are not attributable to any identifiable organic lesion or systemic disease.
2. They regularly occur during the luteal phase of each ovulatory menstrual cycle.

3. The symptoms are of sufficient severity to interfere with daily activities, social or occupational functioning, or require therapeutic intervention.
4. A symptom-free interval is present during the follicular phase of the cycle (i.e., the remaining part of the menstrual cycle).

Homoeopathic approach for PMS

- To date, therapeutic interventions are insufficient and ranges from stress reduction and lifestyle changing to hormonal therapies and the use of psychotropic medications. While traditional medications do not necessarily offer satisfactory alleviation of PMS symptoms
- Homeopathy can offer a significant alleviation of PMS symptoms for an extended period of time with approach to cases through synthesis repertory.
- Synthesis Repertory is based on the sixth American edition of Kent's Repertory and contains all its rubrics and remedies. Therefore this repertory maintains the philosophy of Kent i.e. concept of individualization through evaluation of symptoms, evaluation of
- **TABLE - 1 AGE DISTRIBUTION**

SN	AGE IN YEARS	NO OF CASES
1	18-23	3
2	25-30	4
3	30-35	2
4	35-40	1

TABLE -2 MARITAL STUTUS

SN	MARITAL STATUS	NO OF CASES
1	UNMARRIED	4
2	MARRIED	6

Table -3 Physical general symptoms

symptoms following deductive logic, gradation of medicine & it's basis, cross references etc..

REMEDIES FOR PMS

- Constitutional Remedies like Pulsatilla, Natrum Mur, Sepia, and Calcarea Carb Plays important Role in PMS.

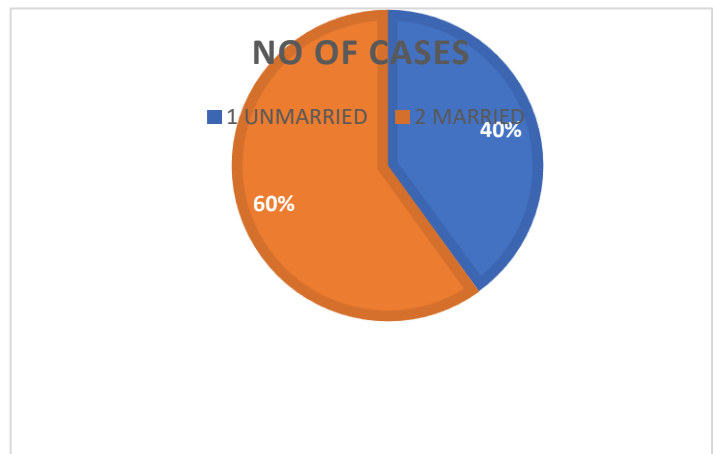
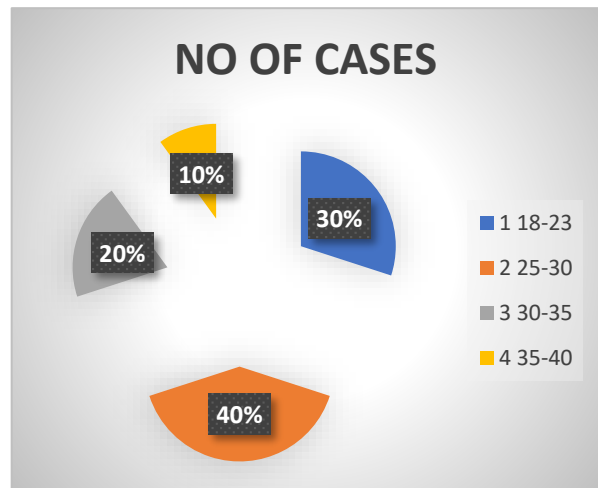
Material and Method:

Site of the study: OBGY OPD NO E-114 of Parul Institute of Homoeopathic and Research hospital.

Study type: Clinical Prospective study:

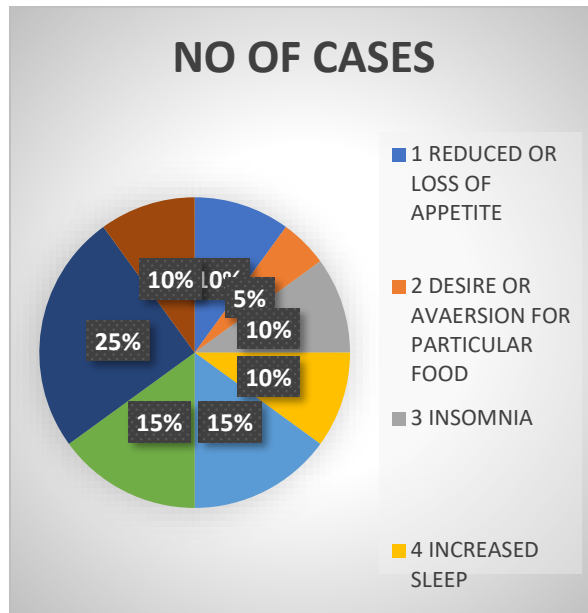
Diagnostic criteria: Diagnosis can be supported by having women who are seeking treatment for PMS use a daily charting method to record their symptoms. Daily charting helps to distinguish when mood disturbances are experienced and allows PMS to be more easily distinguished from other mood disorders. Mood symptoms are present only during the luteal phase, or last two weeks, of the menstrual cycle. Cyclical nature, other mood disorders are variable or constant over time. Scales for recording premenstrual symptoms include the Calendar of Premenstrual Experiences (COPE), Daily Record of Severity of Problems (DRSP) are often applied to verify the diagnosis.

ANALYSIS

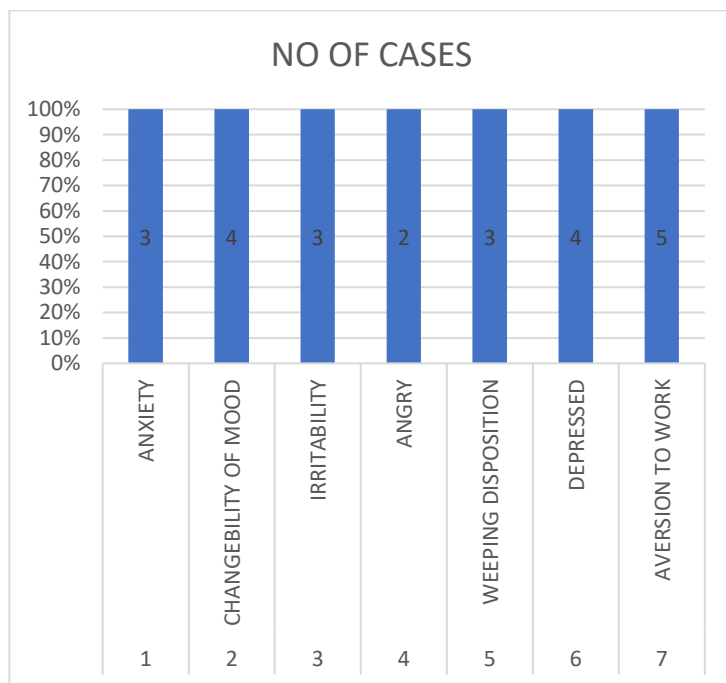


SN	PHYSICAL GENERAL SYMPTOMS	NO OF CASES
1	REDUCED OR LOSS OF APPETITE	2
2	DESIRE OR AVAERSION FOR PARTICULAR FOOD	1
3	INSOMNIA	2
4	INCREASED SLEEP	2
5	CONSTIPATION	3
6	DIARRHOEA	3
7	WEAKNESS	5
8	WEIGHTGAIN	2

Table 4 mental general symptom



SN	MENTAL GENERAL SYMPTOMS	NO OF CASES
1	ANXIETY	3
2	CHANGEABILITY OF MOOD	4
3	IRRITABILITY	3
4	ANGRY	2
5	WEEPING DISPOSITION	3
6	DEPRESSED	4
7	AVERSION TO WORK	5



Profile of Clinical
Table 5 ONLY WITH PHYSICAL GENERAL SYMPTOMS-

Presentation

Sr no	PARTICULAR SYMPTOMS	No of the cases
1	Pain In Abdomen	4
2	Breast Tenderness	3
3	Headache	2
4	Body ache/Joint Pain/Pain in Extremities/Backache	3

Profile of Homeopathic Remedies used in the cases of PMS

SN	HOMOEOPATHIC MEDICINES	NO OF CASES
1	PULSATILLA	2
2	NATRUM MUR	2
3	CALCAREA CARB	1
4	ACTEA RACEMOSA	1
5	NUX VOMICA	2
6	LYCOPodium	1
7	KALI CARB	1

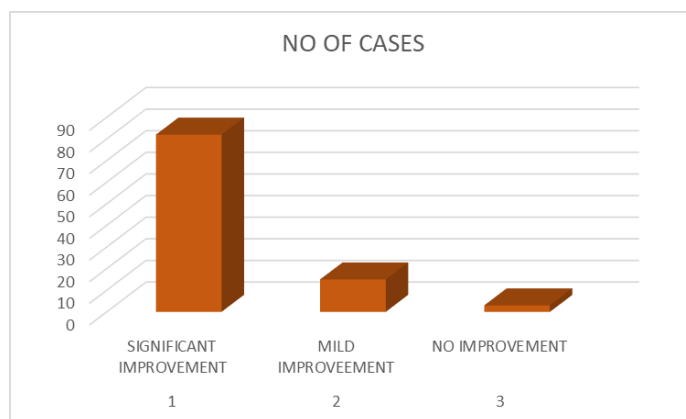
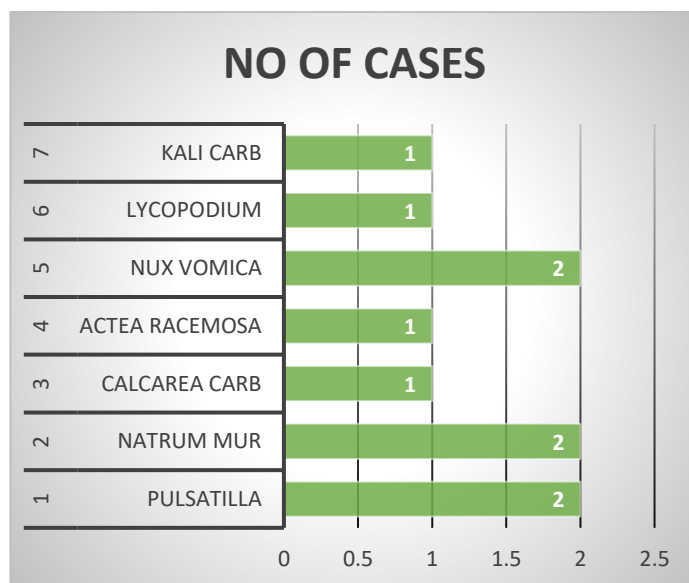
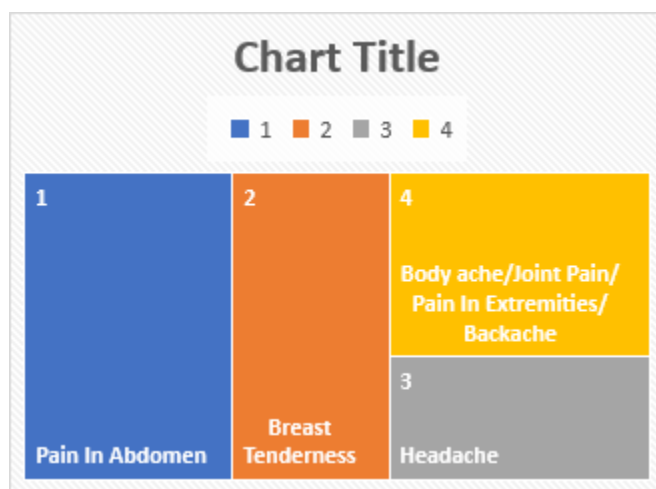
Profile of Result of Homoeopathic Treatment

SN	IMPROVEMENT	NO OF CASES
1	SIGNIFICANT IMPROVEMENT	8
2	MILD IMPROVEMENT	1
3	NO IMPROVEMENT	1

Results

A total of 10 female patients aged between 18-40 years were included in the study. The age distribution showed maximum cases in the 25-30 years age group (n=4), followed by 18-23 years (n=3), 30-35 years (n=2), and 35-40 years (n=1). Six patients were married, and four were unmarried.

Physical general symptoms included weakness (n=5), constipation (n=3), diarrhoea (n=3), loss of appetite (n=2), insomnia (n=2), increased sleep (n=2), and weight gain (n=2). Mental general symptoms were also prominent, with aversion to work (n=5),



changeability of mood (n=4), depressed mood (n=4), anxiety (n=3), irritability (n=3), and weeping disposition (n=3).

The most common clinical presentations included abdominal pain (n=4), breast tenderness (n=3), body aches including joint pain, extremities pain and backache (n=3), and headache (n=2).

Regarding remedies prescribed, the most frequently indicated medicines were Pulsatilla (n=2), Natrum muriaticum (n=2), and Nux vomica (n=2), followed by Calcarea carbonica, Actaea racemosa, Lycopodium, and Kali carbonicum (n=1 each).

In terms of treatment outcome, significant improvement was observed in 8 patients, mild improvement in 1 patient, while 1

patient reported no improvement. No adverse effects were noted during the study period.

DISCUSSION

The findings of this case series suggest that individualized homeopathic prescriptions based on Synthesis Repertory can effectively alleviate both physical and psychological symptoms of PMS. The high proportion of significant improvement (80%) highlights the therapeutic potential of homeopathy in this condition.

Earlier studies have shown that PMS affects up to 90% of menstruating women, with 20-40% meeting clinical diagnostic criteria and 3-8% suffering from severe forms like PMDD [1-5]. Conventional treatment often includes hormonal therapies, SSRIs, or analgesics, which may be associated with side effects or limited long-term efficacy [6]. In contrast, homeopathy, through its individualized approach, provides a safe and holistic alternative, targeting not only physical complaints but also the emotional disturbances that dominate PMS.

In this series, remedies like Pulsatilla, Natrum mur, and Nux vomica were frequently indicated, aligning with earlier literature that emphasizes their role in hormonal and emotional disturbances [2,7]. Improvement in symptoms such as mood changes, aversion to work, and depressive features support the psychosomatic scope of homeopathic prescriptions.

However, limitations of this study include the small sample size, lack of a control group, and short follow-up duration. Future randomized controlled trials with larger populations are required to establish definitive efficacy.

CONCLUSION

This case series demonstrates that individualized homeopathic treatment, guided by repertorization with Synthesis Repertory, can significantly reduce PMS symptoms in women aged 18-40 years. The results reinforce the scope of homeopathy as a complementary therapeutic approach in managing PMS and improving quality of life. Further systematic studies are warranted to validate these findings.

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