

## THE IMPACT OF INDIVIDUALIZED HOMEOPATHY IN TREATMENT OF PRIMARY DYSMENORRHOEA– A CASE REPORT.

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### ABSTRACT

Primary dysmenorrhea (PD) is a major burden for many women, particularly adolescents, significantly impacting their daily lives and academic performance due to frequent absences caused by menstrual pain. This condition, characterized by painful menstruation, commonly presents as sharp or dull pelvic or lower abdominal discomfort and is often bad enough to force them to miss out on school and work. Primary dysmenorrhea (PD) is menstrual pain in otherwise healthy young women with no underlying physical issues. In contrast, secondary dysmenorrhea is caused by a pelvic disease and sometimes requires surgery. Treating PD often involves the use of homeopathic remedies, which have demonstrated considerable efficacy. This evidence-based case report, following CARE guidelines, suggests the potential of individualized homeopathic medicines as a safe and effective treatment option for primary dysmenorrhea. A recent case study involving a 23-year-old patient demonstrated how effective personalized homeopathic treatment can be. The patient had been experiencing severe cyclic lower abdominal pain during menstruation for the past eight years and was regularly taking painkillers to cope. Homeopathic intervention, initially with Sabina and later with Crocus sativa based on symptom totality and repertorisation, led to a significant reduction in pain and overall improvement. Pain levels were monitored using a visual analogue scale (VAS).

## INTRODUCTION

Primary dysmenorrhea (PD) is the term for menstrual pain that occurs without any underlying pelvic disease. This type of pain begins once a woman starts having ovulatory cycles, typically within the first two years after menarche. The other category is secondary dysmenorrhea (SD). (12,8) Primary dysmenorrhea is simply menstrual pain that happens without any underlying pelvic disease. It frequently includes other symptoms like nausea, headaches, fatigue, back pain, dizziness, and digestive issues. Affecting up to 50% of young women from the start, it's typically a lifelong condition that can be diagnosed easily just by taking a careful patient history. (6) Primary dysmenorrhea (PD) is extremely common across the globe, affecting anywhere from 45% to 95% of women during their reproductive years. Within that group, between 2% and 29% suffer from severe pain. (1, 12) While Indian research study often focuses on students aged 18 to 21, this study extended its scope to include women up to age 29, ranging from 18 to 29. The data showed that the most frequent episodes of painful periods

occurred between the ages of 20 and 24. (7) The study revealed that the rate of dysmenorrhea among young Indian college students was higher than 45% (16) The pain of primary dysmenorrhea generally begins with the start of the ovulatory menstrual cycles, which is usually right at menarche or shortly after (within a year). The pain is relatively short-lived, lasting from 48 to 72 hours, and starts just a few hours before the menstrual flow or accompanies it. (3) The root cause is an overproduction or imbalance of hormone-like chemicals called prostanooids. When these are released, they make the uterine muscles contract aggressively and unevenly. This action restricts blood flow to the area and also makes the surrounding nerves hypersensitive, resulting in pain.(5-4) The condition is also caused by an overproduction of vasopressin, which is a hormone that further stimulates the muscular tissue to contract..(17) Even though primary dysmenorrhea isn't life-threatening, it's a critical health issue that health professionals need to address because it severely impacts a woman's quality of life. (2) Because only a small number of young women like 14.2% seek medical help or advice for menstrual cramps, it's crucial for healthcare providers to screen all adolescent girls for this issue..(14) It is responsible for significant absenteeism from school and work, and a reduced quality of life.. (9-10)

## **METHODOLOGY**

### **CASE HISTORY**

A 23 year old female patient came to the outpatient department at homoeopathic hospital with complaint of severe pain in lower abdomen during menses since last 8 years. She had a complaint of severe pain in abdomen during menses. Along with this she had severe stitching pain in vagina during menses. Continuous dull pain in abdomen is present during menses. Menses is at regular interval. Character of blood is dark and clotted and it becomes very difficult to wash it off from the clothes. Menses stops while she walks. After menses ropy, stringy and very tenacious leucorrhoea starts. For pain during menses she used to take pain killers from over the counter. Which gives her temporary relief. and after the effect of medicine gets over, the pain starts with same intensity. Along with these complaints she is also having complaints of coryza without any discharge from nose. Very frequently she develops goose flesh on whole body without any reason.

**Mental Generals:** she becomes very much anxious especially during evening time. Music is intolerable for her, she is very much sensitive to music.

**Physical General:** No particular physical general character was found. Her appetite was normal, thirst normal, 6-7 glasses / day. No constipation. Sleep for 7-8 hours. No particular dreams. Sweating in general whole body. She has an extreme desire for lemonade. Ambithermal patient.

**Menstrual History:** Menarche was at the age of 14 years. Her menstrual cycle is regular, duration of menses – lasts for 4-5 days. Character of blood flow – dark, clotted. Associated complaints – ropy and stringy tenacious leucorrhoea.

**Physical Examination:** The patient was thin, slender and moderately built, with no abnormalities found during the physical examination. On abdominal examination - the abdomen was soft and non-tender to deep palpation, and no masses were felt. The absence of rebound tenderness suggests no acute pathology.

**History Of Patient:** Painful menses has been present since menarche and is limited to the menstrual period. She used to take pain killer to get rid of pain. But she was having trouble with pain killers – causes nausea. No other specific complaints in past.

## **DIAGNOSIS & ASSESSMENT:**

A complete clinical history, physical examination as well as laboratory investigations of the patient was carried out as the diagnostic assessment in order to exclude pelvic diseases. Complete clinical history like menstrual history, in which it includes age at menarche, regularity and duration of menses, amount of flow, her dysmenorrhea in type, location of pain, character of pain, irradiation of pain if there, associated symptoms and their chronology, treatments used in the past for same complaints if there, family history of dysmenorrhea, sexual history everything where documented. She neither had any history of any systemic disease and it suggested the typical pain of primary dysmenorrhoea, but the systemic examination and laboratory tests confirmed the patient had no existing diseases and suggested that the menstrual pain was not caused by any pelvic pathology. In pelvic examination like inspection of external genital parts there was no any sign of infection in vagina and in bimanual examination - the uterus was found to be mobile and no any abnormalities detected. After detailed case taking, analysis and evaluation of symptoms, following symptoms were considered for repertorisation (Figure: 1)

**Figure 1: Analysis and evaluation of symptoms for repertorization at the first consultation. (HOMPATH)**

Remedy Name		Sabin	Bell	Calc	Caul	Lyc	Puls	Nux-v	Nit-ac	Graph	Plat	Chem	Phos	Chin	Nat-m
Totality		24	20	20	17	17	17	17	16	16	15	15	15	14	14
Symptom Covered		13	9	8	9	9	8	7	9	8	8	7	7	8	8
[KT] [Mind]Anxiety-Evening:		1	1	3	2	2	2	2	2	1	1		2	1	2
[KT] [Mind]Sensitive, oversensitive:Music, to:		2			1	2		3		2		2	2		2
[KT] [Stomach]Desires Lemonade:		2	3	1			1		2						
[KT] [Skin]Goose flesh:		1	2	2	2	2		3	1		1		2	2	2
[KT] [Genitalia female]Menses:Painful,dysmenorrhoea:		2	3	2	2	2	2	2	1	2	2	3	2	1	1
[KT] [Genitalia female]Menses:Dark:		3	3			2	2				2	2		2	
[KT] [Genitalia female]Menses:Clotted:		3	3	3	2	2	3	1	1		3	3		2	2
[KT] [Abdomen]Pain:Aching,dull pain:Menses During:		3	2	3	2	1	3	3	2	3	2	2	2	2	2
[KT] [Genitalia female]Menses:Wash off,difficult to:															
[KT] [Genitalia female]Menses:Walking:Ceases while:		1													
[KT] [Genitalia female]Leucorrhoea:Ropy,stringy,tenacious:		3			2				3	2					
Symptoms 14		Remedies 217													

To be continued

**INTERVENTION AND RESULTS:**

Follow-up consultations were performed after each menstrual period up to six months, the medication chosen for each instance was determined by considering the totality of symptoms the patient presented with during the consultation. In 4<sup>th</sup> follow up with single dose of Croc. Sat 30C patient was improved a lot. (Figure -2). Pain assessment was conducted using a Visual Analog Scale (VAS), which ranged from 0 to 10. This scale enabled patients to express their pain intensity, where zero indicated the absence of pain and 10 represented the highest imaginable level of pain. (19). VAS score was 8 on scale at the beginning of the study and at the end of 6 months it reduced to 2.

Date	Follow up	Observation	VAS score	Prescription
10 <sup>th</sup> May 2023	1 <sup>st</sup> prescription	<ul style="list-style-type: none"> <li>LMP was on 08<sup>th</sup> May</li> <li>Severe pain in lower abdomen during menses since last 5 years.</li> <li>Along with this, severe stitching pain in vagina during menses.</li> <li>Continuous dull pain in abdomen during menses.</li> </ul>	8	Sabina 30C /4-6 globules once in morning daily (except during period)

		<ul style="list-style-type: none"> <li>• Character of blood is dark and clotted, difficult to wash it off</li> <li>• Menses stops during walking.</li> <li>• After menses ropy, stringy and very tenacious leucorrhoea starts.</li> <li>• She is also having complaints of coryza without any discharge from nose.</li> <li>• Very much anxious especially during evening time.</li> <li>• Develops goose flesh on whole body without any reason.</li> <li>• Extreme desire for lemonade.</li> <li>• Very sensitive to music, music is intolerable for her.</li> </ul>		Placebo / twice in a day
7th June 2023	1 <sup>st</sup> follow up	<ul style="list-style-type: none"> <li>• LMP was on 2<sup>nd</sup> June</li> <li>• Pain intensity has not reduced in this last menstrual period after taking medicine.</li> <li>• Stitching pain in vagina is still present.</li> <li>• Dull aching in lower abdomen during menses is still present.</li> <li>• Flow of blood even when she walks which was not before.</li> <li>• Leucorrhoea has decreased a lot after taking medicine.</li> <li>• Dry coryza.</li> <li>• Anxiety during evening hours has decreased.</li> <li>• Goose flesh on body is still present.</li> <li>• Sensitiveness towards music has reduced little bit.</li> </ul>	8	Sabina 200C /4-6 globules once in morning daily (except during period)  Placebo / twice in a day
5 <sup>th</sup> July 2023	2 <sup>nd</sup> follow up	<ul style="list-style-type: none"> <li>• LMP was on 30<sup>th</sup> June</li> <li>• Dull aching pain in lower abdomen during menses has reduced in last menstrual period but not much.</li> </ul>	7	Sabina 200C /4-6 globules once in morning daily (except during period)

		<ul style="list-style-type: none"> <li>• Stitching pain in vagina has reduced but not completely gone.</li> <li>• No coryza.</li> <li>• Leucorrhoea was less but still present.</li> <li>• Anxiety during evening decreased a lot.</li> <li>• No goose fleshes.</li> <li>• Now able to listen to music.</li> </ul>		Placebo / twice a day
31 <sup>st</sup> JULY 2023	3 <sup>rd</sup> follow up	<ul style="list-style-type: none"> <li>• LMP was on 24<sup>th</sup> July</li> <li>• Pain during menses has reduced a lot during last menstrual period.</li> <li>• Stitching pain vagina was absent during last menstrual period. She is feeling much better now in her menstrual pain related complaints.</li> <li>• Leucorrhoea decreased but not much.</li> <li>• Anxiety during evening time decreased.</li> <li>• No goose fleshes.</li> <li>• Sensitivity to music reduced.</li> <li>• No other new complaints.</li> </ul>	3	<p>Sabina 200C /4-6 globules once in morning daily (except during period)</p> <p>placebo twice a day daily for 30 days.</p>
27 <sup>th</sup> August 2023	4 <sup>th</sup> follow up	<ul style="list-style-type: none"> <li>• LMP was on 22<sup>nd</sup> August</li> <li>• Pain during menses has reduced a lot, but there is profuse flow of dark clots during this last period. The blood is extremely stringy in nature forming long threads.</li> <li>• Extremely ropy and stringy leucorrhoea was present just after the menses.</li> <li>• She is having constipation for 20 days with stitching pain in rectum and anal canal.</li> <li>• She noticed cracking sound in knee is present for 1 year which she forgot to tell previously.</li> <li>• No anxiety. No sensitivity to music. No goose fleshes. No coryza.</li> </ul>	3	<p>Croc. Sativa 30C / 1 DOSE / 2 drops in Sac Lac for one month</p> <p>placebo – twice a day.</p>



28 <sup>th</sup> September 2023	5 <sup>th</sup> follow up	<ul style="list-style-type: none"> <li>LMP was on 18<sup>th</sup> September</li> <li>After taking medicine leucorrhoea decreased a lot. No constipation.</li> <li>No stitching pain in rectum.</li> <li>Cracking sound in knee still present sometimes.</li> <li>Ropy and stringy blood flow during last period but clots reduced.</li> <li>Pain has reduced a lot.</li> <li>No other new complaints.</li> </ul>	2	Croc. Sativa 30C / 1 DOSE / 2 drops in Sac Lac for one month  placebo – twice a day.
26 <sup>th</sup> October 2023	6 <sup>th</sup> follow up	<ul style="list-style-type: none"> <li>LMP was on 14<sup>th</sup> October</li> <li>Feeling much better than before.</li> <li>Stringy blood flow has reduced and not much stringy now.</li> <li>pain during menses reduced a lot.</li> <li>No cracking sound in knee.</li> <li>Leucorrhoea reduced a lot.</li> <li>No constipation.</li> <li>No stitching pain in rectum.</li> <li>No evening anxiety.</li> </ul>	2	placebo – once a day.

**Figure 2: Analysis and evaluation of symptoms for repertorization at the fourth consultation. ( HOMPAT )**

Repertorisation: Normal

Remedy Name	Croc	Causa	Nit-ac	Puls	Sabin	Sulph	Plat	Calc	Lach	Lyc	Gn	Con	Magn	Sep
Totality	15	13	11	11	11	11	10	10	10	10	9	9	9	9
Symptom Covered	7	5	5	5	4	4	5	4	4	4	5	4	4	4
[KT] [Genitalia female]Menses:Dark:	3			2	3		2			2	1		2	
[KT] [Genitalia female]Menses:Clotted:	2	2	1	3	3	2	3	3	3	2	2	1	2	1
[KT] [Genitalia female]Menses:Stringy:	2						1							
[KT] [Extremities]Cracking:Knee:	2	3	1	2		3		2	1		1	2		2
[KT] [Rectum]Constipation:	2	3	3	2	2	3	3	3	3	3	2	3	3	3
[KT] [Rectum]Pain:Stitching:	2	3	3	2		3	1	2	3	3	3	3	2	3
[KT] [Genitalia female]Leucorrhoea:Ropy,stringy,tenacious:	2	2	3		3									

Symptoms 7      Remedies 258

### DISCUSSION:

Primary Dysmenorrhea (PD) is a common reason woman seek gynaecological care because it frequently forces them to miss school or work. The main goal of treating PD is to relieve the

pain and manage related symptoms—like headaches, nausea, and anxiety—which all severely lower a woman's quality of life. Nonsteroidal anti-inflammatory drugs (NSAIDs) are recognized as the primary treatment for primary dysmenorrhea, but they frequently lead to unwanted side effects, such as indigestion, headaches, and drowsiness. (13) In this case, a thorough review of the patient's symptoms and medical history, along with consulting the *Materia Medica* -a guide to homeopathic remedies, led to the prescription of personalized homeopathic medicines. This process is detailed in a formal clinical case report, following CARE guidelines. (18) In randomized, controlled, double-blind trial conducted on twenty women, aged 20 to 48, personalized homeopathic remedies were tested against a placebo. Patients scored their symptoms daily. The results were significant: 90% of patients receiving the active homeopathic treatment reported more than 30% improvement in their menstrual distress scores, compared to just 37.5% of those on the placebo ( $p=0.048$ ). (20)

A study by Jose DL confirms that successful homeopathic treatment for PD relies on remedies that address the individual's entire constitution. By carefully considering a patient's mental and general physical symptoms, a well-selected remedy can correct the specific predisposition to dysmenorrhea and prevent its return. According to this approach, high potencies are often more effective for recurrence prevention, with *Psora* and *Pseudopsora* identified as the underlying miasms, this constitutional approach targets the root cause. (11) The final selection of the remedy and prescription for the case was based on the totality of symptoms of the patients and the repertorial results. The patient showed improvement from the beginning, which proved the correct selection of the medicine, but there was a slow improvement with low potencies, that is, *Sabina 30C*. However, marked improvement was observed with higher potencies of *Sabina 200C*. There was a marked improvement in the main complaint of dull pain in abdomen during menses, but in follow ups the patient was narrating about presence of associated complaints which are still present. Considering the remaining associated complaints, the totality of symptoms was formed and repertorisation was done, and on that basis, the patient was prescribed *crocus sativus 30C* in the follow ups, as this medicine also covers many symptoms of patients which is seen in repertorial sheet. With single dose of *Croc. Sat 30C* patient was improved a lot within just one month and she was feeling much better overall both physically and mentally. This case has highlighted the importance of a holistic approach in the treatment considering the individuality of a patient for remedy selection, and not just disease symptoms. Furthermore, patients typically report sustained relief without recurrence during follow-up assessments, emphasizing the role of homeopathy in effectively managing PD without adverse effects.

### **CONCLUSION:**

The individualised homeopathic medicine *Sabina* and *Crocus sativus* were found to be beneficial in this case with improvement in impact on daily living during menses. This case suggests that individualised homeopathic medicines can be useful in primary dysmenorrhoea where a long-term dependency on conventional treatment is usually required. Homeopathy offers a diverse range of medicines tailored to each individual, potentially enhancing women's quality of life by addressing conditions like PD. It's vital to stress the importance of educating patients about PD as a treatable condition. It's essential to empower women to explore alternative solutions that may have been overlooked. However, further research is necessary, employing validated outcome measures, proper blinding, and appropriate comparator groups. Larger sample sizes and longer study durations are needed to assess long-term outcomes effectively.

### **IMPLICATIONS AND CONTRIBUTIONS**



This single, evidence-based case report, prepared following the CARE guidelines, demonstrates that the personalized homeopathic treatment can offer a safe, effective, and sustained therapeutic alternative for patients with severe PD. Specifically, the constitutional prescribing process, which led to the selection of *Sabina* and subsequently *Crocus Sativus*, was instrumental in significantly reducing pain and alleviating associated symptoms like leucorrhoea and constipation. The successful outcome reinforces the core principle of individualization in treating chronic diseases. by addressing the totality of symptoms—physical, mental, and general.

This study highlights the need for larger, controlled clinical trials (RCTs) based on individualized prescribing protocols to further validate the role of Homoeopathy in the management of gynaecological disorders like PD. It provides important information for developing structured hypotheses for future, high-quality research.

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#### **DECLARATION OF PATIENT CONSENT:**

The author confirms that all necessary patient consent forms have been obtained. The patient is aware that her name and initials will not be disclosed, and efforts will be made to safeguard her anonymity.

#### **ETHICS APPROVAL**

The patient provided informed consent form for the anonymous publication of her clinical details and results. The authors guarantee that her identity has been completely safeguarded and is not disclosed in this report.

#### **FINANCIAL SUPPORT AND SPONSORSHIP:**

No financial support or sponsorship was received for this study.

#### **CONFLICTS OF INTEREST**

NIL

#### **ABBREVIATIONS**

PD – Primary Dysmenorrhoea  
SD – Secondary Dysmenorrhoea  
VAS – Visual Analogue Scale  
NSAIDs - Nonsteroidal anti-inflammatory drugs  
Sac Lac – Saccharum Lactis  
Croc. Sativa – *Crocus Sativus*  
CARE – Case Report  
LMP - Last Menstrual Period

#### **References:**

1. Bernardi, M., Lazzeri, L., Perelli, F., Reis, F.M. and Petraglia, F. 2017. Dysmenorrhea and related disorders. *F1000Research*. 6: 1645.
2. Chen, C.X., Draucker, C.B. and Carpenter, J.S. 2018. What women say about their dysmenorrhea: a qualitative thematic analysis. *BMC Womens Health*. 18(1): 47.
3. Dawood, M.Y. 1984. Ibuprofen and dysmenorrhea. *Am J Med*. 77(1A): 87–94.

4. Dawood, M.Y. 2006. Primary dysmenorrhea: advances in pathogenesis and management. *Obstet Gynecol.* 108(2): 428–441.
5. Dawood, M.Y. and Khan-Dawood, F.S. 2007. Clinical efficacy and differential inhibition of menstrual fluid prostaglandin F2alpha in a randomized, double-blind, crossover treatment with placebo, acetaminophen, and ibuprofen in primary dysmenorrhea. *Am J Obstet Gynecol.* 196(1): 35.e1-5.
6. Durain, D. 2004. Primary dysmenorrhea: assessment and management update. *J Midwifery Womens Health.* 49(6): 520–528.
7. *Dysmenorrhea / GLOWM*. Available from: <http://www.glowm.com/section-view/heading/Dysmenorrhea/item/9>
8. *Dysmenorrhea: Practice Essentials, Background, Pathophysiology*. 2024. Available from: <https://emedicine.medscape.com/article/253812-overview?form=fpf>
9. Friederich, M.A. 1983. Dysmenorrhea. *Women Health.* 8(2–3): 91–106.
10. Harlow, S.D. and Park, M. 1996. A longitudinal study of risk factors for the occurrence, duration and severity of menstrual cramps in a cohort of college women. *Br J Obstet Gynaecol.* 103(11): 1134–1142.
11. Jose, D.L. 2012. Efficacy and significance of homoeopathy in Primary Dysmenorrhoea. *Research in Homoeopathy*. Available from: Everything on Homeopathy.
12. Lentz, G.M., Lobo, R.A., Gershenson, D.M. and Katz, V.L. 2012. *Comprehensive Gynecology E-Book*. Elsevier Health Sciences. p.1084.
13. Marjoribanks, J., Ayeleke, R.O., Farquhar, C. and Proctor, M. 2015. Nonsteroidal anti-inflammatory drugs for dysmenorrhoea. *Cochrane Database Syst Rev.* (7). Available from: <http://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001751.pub3/full>
14. Omidvar, S., Bakouei, F., Amiri, F.N. and Begum, K. 2016. Primary Dysmenorrhea and Menstrual Symptoms in Indian Female Students: Prevalence, Impact and Management. *Glob J Health Sci.* 8(8): 135–144.
15. Shah, J.J. 2005. *Homopath Classic-homeopathic Software*. Mind Technologies Private Limited; Mumbai.
16. Shah, M., Monga, A., Patel, S., Shah, M. and Bakshi, H. 2013. A study of prevalence of primary dysmenorrhea in young students - A cross-sectional study. 4(2).
17. Strömberg, P., Akerlund, M., Forsling, M.L., Granström, E. and Kindahl, H. 1984. Vasopressin and prostaglandins in premenstrual pain and primary dysmenorrhea. *Acta Obstet Gynecol Scand.* 63(6): 533–538.
18. van Haselen, R.A. 2016. Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med.* 25: 78–85.
19. *Visual Analogue Scale*. Physiopedia. Available from: [http://www.physio-pedia.com/Visual\\_Analogue\\_Scale](http://www.physio-pedia.com/Visual_Analogue_Scale)
20. Yakir, M., Kreitler, S., Brzezinski, A., Vithoulkas, G., Oberbaum, M. and Bentwich, Z. 2001. Effects of homeopathic treatment in women with premenstrual syndrome: a pilot study. *Br Homeopath J.* 90(3): 148–153.