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HOMOEOPATHIC MANAGEMENT OF PRIMARY DYSMENORRHOEA WITH JAONESIA ASOCA: A CASE REPORT USING THE WALIDD SCORE AND REPERTORIAL ANALYSIS

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ABSTRACT

Dysmenorrhea is a common gynaecological condition characterized by painful menstruation, usually presenting with lower abdominal cramps and may be associated with backache, nausea, headache, fatigue, and other systemic symptoms. It can adversely affect daily activities, academic performance, work, and overall quality of life.[1] A 23-year-old female presented with complaints of primary dysmenorrhea associated with premenstrual syndrome (PMS). The patient reported significant menstrual pain that adversely affected her daily activities and overall well-being. Considering the severity of her symptoms, a structured clinical assessment was undertaken to evaluate the intensity of dysmenorrhea and associated premenstrual symptoms. The patient's clinical status was assessed using validated outcome measures before the initiation of treatment and after three months of follow-up. *Joanesia Ashoka* tincture was administered as the intervention under observation. Serial follow-up assessments were conducted to document changes in symptom severity and evaluate the clinical response over the observation period. At the end of the three-month follow-up, the patient's dysmenorrhea severity improved from the severe category to the moderate category, indicating a reduction in the reported intensity of menstrual pain. The pre- and post-treatment assessments provided a structured means of documenting the observed clinical change. The associated PMS symptoms were also considered as part of the overall clinical evaluation. This case highlights the potential clinical relevance of further investigating *Joanesia Ashoka* in patients presenting with primary

dysmenorrhea and associated PMS. However, as this report describes a single patient, the observed improvement cannot establish a causal relationship between the intervention and the outcome. Further well-designed clinical studies with adequate sample sizes, appropriate comparison groups, standardized outcome measures, and longer follow-up periods are required to evaluate the efficacy and safety of the preparation.

KEYWORDS: Primary dysmenorrhea, premenstrual syndrome, *Joanesia Ashoka*, tincture, validated outcome measures, clinical case report.

KEYWORDS: Primary and Secondary Dysmenorrhoea, Mother tincture, Pre-Menstrual Syndrome, Homoeopathic Medicine.

INTRODUCTION

Dysmenorrhoea is derived from the Greek words *dys* meaning difficult/painful, *meno* meaning month, and *rrhoea* meaning flow.[1]

It is defined as painful uterine cramps occurring during menstruation and is one of the most common menstrual disorders and causes of pelvic pain.[1], [2]

The reported prevalence of primary dysmenorrhoea (PD) varies widely worldwide, ranging from 45%–95%, with higher prevalence among adolescents and young women. Severe pain is reported in approximately 2%–29% of affected females. Although not life-threatening, PD can significantly affect physical, emotional and psychological well-being, quality of life, productivity, and may lead to school or work absenteeism.[2],[3] According to the **ICD-10-CM**, dysmenorrhoea is classified into **primary (N94.4)** and **secondary (N94.5)**

Primary dysmenorrhoea occurs without an underlying pelvic pathology and is mainly associated with increased prostaglandin production, causing excessive uterine contractions and reduced uterine blood flow. It commonly begins after menarche and is associated with symptoms such as nausea, vomiting, diarrhoea and headache. Secondary dysmenorrhoea occurs due to an underlying pelvic pathology, such as **endometriosis, uterine fibroids or pelvic inflammatory disease**.[3][4]

CASE SUMMARY

A 23 year old female unmarried presented at the outpatient department with complaints of pain during mensuration for past 2-3 months associated with a general ability for 3 months. The patient complained of gradually developing a pain in the right iliac region, sometimes involving the hypogastric and radiating to both the thighs. The pain was neuralgic in nature associated with nausea and lasted for 2 -3 days during mensuration. The pain was aggravated during menses and by motion and ameliorated by rest. Her menstrual history revealed irregular cycles at intervals of 30 – 35 days, lasting 4-5 days with profuse, red fluid menstrual discharge.[5]

Physical Generals

- Thermal reaction: Chilly; sensitive to cold.
- Desires and cravings: Sour food and drinks.
- Aversions: No specific food or drink aversion reported.
- Thirst: Decreased; approximately 1–2 litres per day.
- Appetite: Satisfactory; takes two meals per day, with 2–3 chapatis per meal.
- Stool: Once daily, no bowel movement at night; regular, satisfactory, and non-offensive.
- Urine: Three times during the day and once at night; pale yellow.
- Perspiration: Scanty, generalized over the body, with no staining and normal odour.
- Sleep: Refreshing, approximately 6–7 hours.
- Side affinity: Not elicited during case taking.
- General modalities: No additional general aggravating or ameliorating factors present.
- Time modalities: Not reported.

Mental Generals

1. Irritability: The patient is easily irritated.
2. Desire for solitude: Prefers to remain alone and avoids the company of others, including family members.
3. Aversion to company: The presence of other people tends to disturb her.
4. Intolerance of consolation: Feels more irritated when someone attempts to console her during suffering.
5. Aversion to sympathy: Emotional support and expressions of sympathy aggravate her emotional state rather than providing relief.

Characteristic mental state: Irritability with a desire for solitude and aggravation from consolation and sympathy.

Clinical Findings and Diagnostic Assessment

Systemic Examination

- Cardiovascular system: HS1 and HS2 are heard, no murmurs present.
- Respiratory System: Bilateral lungs are clear.
- Abdominal Examination: No tenderness, No palpable mass.
- Musculoskeletal system: No joint swelling or deformity observed.
- Central Nervous system: Conscious and well co-ordinated

Local Examination – No significant abnormality detected on local examination during the time of presentation.

Laboratory Investigation (If Any): The patient came with USG Whole Abdomen dated 23rd April XXXX.

Analysis of Case

Mental Generals	**Physical Generals**	**Particulars**	**Common Symptoms**
she easily gets irritated. On inquiry, she expressed that she prefers to remain alone and avoids being in the company of others, even family members, as their presence tends to disturb her. On further she told, that when someone tries to console her during her suffering, rather than feeling relieved, she feels more irritated. She described this as an inability to tolerate sympathy or emotional support from others, which only worsens her emotional state.	Thermal Reaction : Chilly Cravings: Sour food and drinks Thirst: Decrease,1-2 litre/day Appetite: Satisfactory, 2 Meals Per Day, 2-3 Chapati Per Meal Stool: D1N0,Regular, Satisfactory, Non- offensive. Urine: D3 N1, Pale Yellow Perspiration: Scanty, all-over body with no stain and normal odour. Sleep: Refreshing sleep for 6-7 hours. Menses : Irregular flow with profuse,red bleeding.	Pain during menses for 2-3 months, starts in right iliac region/hypogastrium radiating to B/L thighs. Neuralgic like pain along with nausea Pain is aggravated during menses, motion and ameliorated by rest.	General debility

Evaluation of Symptoms

1. Irritated
2. Desire to be alone
3. Aversion to company
4. Consolation aggravation
5. Thirst Decrease
6. Chilly Patient (sensitive to cold)
7. Desire Sour Food & Drinks
8. Perspiration scanty all over body with no stain, non-offensive
9. Neuralgic like pain along with nausea
10. Menses irregular flow with profuse red bleeding
11. Pain during menses from right iliac region, hypogastrium region to B/L thighs.
12. Pain aggravation during menses, motion
13. Pain ameliorated by Rest.
14. General debility

Miasmatic Analysis

SYMPTOMS	PSORA	SYCOSIS	SYPHILIS	TUBERCULAR
Irritated	+			
Desire to Be Alone	+			
Aversion to Company	+	+		
Consolation Aggravation	+	+		
Desire Sour Foods & Drinks	+	+		
Neuralgic Like Pain with Nausea	+			
Menses Irregular Flow with Profuse Red Bleeding		+		
Pain From Right Iliac, Hyogastrium Region to B/L Thighs		+		
Pain Aggravation During Menses & Motion	+	+		
Pain Ameliorated by Rest	+			

Totality of symptoms

1. Irritated
2. Desire to be alone
3. Aversion to company
4. Consolation aggravation
5. Thirst decrease
6. Neuralgic like pain along with nausea

7. Menses irregular flow with profuse red bleeding
8. Pain during menses starts from right iliac and hypogastrium region to B/L thigh
9. Pain aggravation during menses
10. Pain ameliorated by Rest.

Selection of Medicine

Remedy Selected (with justifications)- Joanesia Asoca (The selection of Joanesia Asoca was made through a non-repertorial method based on the clinical trial and diagnosis of primary Dysmenorrhoea. The medicine was chosen for its sphere of action on the female genital system.

First Prescription (Medicine, Potency, Doses, Repetition with Justification).

DATE	PRESCRIPTION	JUSTIFICATION
25th April 2025	Joanesia Asoca Q 10 drops mixed with half cup of water for three times a day for 30 days.	The selection of Joanesia Asoca was clinical trial and diagnosis of primary Dysmenorrhoea

General Management (Including diet, life style and other auxiliary measures)

a. Do physical Exercise or yoga.

b. Eat balance diet and take ample amount of water.

Joanesia Asoca in Materia Medica

Joanesia asoca (more commonly spelled *Janosia ashoka* or *Jonosia asoca*, and botanically known as **Saraca asoca** or *Saraca indica*) is a well-known homeopathic and traditional remedy used primarily as a uterine tonic to relieve dysmenorrhea (painful menstrual cramps). Derived from the bark of the Ashoka tree, it is highly regarded for its affinity for the female reproductive system.

- **Spasmolytic and Analgesic Properties:** The remedy acts directly on the uterine muscular tissue, helping to relieve severe, cramping abdominal pain (uterine colic) and pelvic heaviness that typically occur before or during menstruation.[6]
- **Estrogenic Action and Endometrial Repair:** It possesses phytoestrogenic properties that assist in balancing female hormones, repairing the endometrium (uterine lining), and regulating the menstrual flow, which minimizes the underlying causes of painful periods.[7]

- **Eases Associated Symptoms:** Beyond local pelvic pain, it targets secondary symptoms that often accompany dysmenorrhea, such as congestive headaches[9], nausea, vomiting, irritable bladder, and emotional distress or mood swings.[8]

FOLLOW-UP-SHEET

Patient's Name: XXXX **OPD/No.:** 2025H2161 **IPD No.:** 651

Date	Change in Symptoms	Interpretation Prescription
01st May 2025	LMP - 27th April 2025 Pain in the right iliac and hypogastric regions persisted; however, the intensity of pain was slightly reduced during the last menstrual cycle. Relief in nausea.	Joanesia Asoca – Q 10 drops / TDS for 30 days Rx Rubrum -30C, 4 globules /TDS for 30 days.
31st May 2025	LMP- 26th May 2025 Intensity of pain in the right iliac region was reduced compared to the previous visit. The severe pain previously reported showed marked improvement.	Joanesia Asoca – Q 10 drops / TDS for 30 days Rx Rubrum -30C, 4 globules /TDS for 30 days.
1st July 2025	LMP – 24th June 2025 Menstrual pain continued with reduced intensity. Mild pain felt at hypogastrium only. No pain in the thighs was reported. Weakness showed marked improvement.	Joanesia Asoca – Q 10 drops / TDS for 30 days Rubrum -30C, 4 globules /TDS for 30 days.



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Sr. No.: 9837
Name: Himanshi — Age / Sex: 22yrs./F
Ref. By Dr.: Self — Date: 23-04-2025

USG WHOLE ABDOMEN (FEMALE)

LIVER: Normal in Size (13.2 cm), with regular margins,
Homogenous echotexture,. No dilated Intra-Hepatic Biliary Radicle seen.
Portal Vein Diameter: 8 mm. CBD: 3 mm.

GALL BLADDER: Wall is normal.
Lumen echofree.

PANCREAS: Normal in size, margins are regular.
No calcification /focal lesion present.
Homogenous echotexture.

SPLEEN: Size (91 X 40 mm) homogenous echotexture

KIDNEY: Right Kidney size- 99 X29 mm. Left Kidney size- 92 X 50 mm
Cortical and sinus echoes are normal.
No echodence calculi seen.

URINARY BLADDER: Lumen - Echofree
Partially filled.
Wall are normal

UTERUS: Uterus normal in size:- 65x37x42mm, AV
Myometrium-normal, Endometrium : 6 mm

OVARIES: Right ovary is normal, Size and echopattern - 25 X 26 mm.
Left ovary is normal, Size and echopattern - 27 X 28 mm.

SPECIFIC: No evidence of free fluid.

IMPRESSION: USG findings S/O Normal Study

DR. GAUTAM KAPOOR
SONOLOGIST (RMC NO 15392)

PRE-TREATMENT WaLIDD SCORE

OPD NO. 2025H2161 Date → 25th April 2025

Working ability	Location	Intensity (Wong-Baker)	Days of pain
0: None	0: None	0: Does not hurt	0: 0
1: Almost Never	1: 1 site	1: Hurts a little bit	1: 1-2
2: Almost Always	2: 2-3 site ✓	2: Hurts a little more – Hurts even a more	2: 3-4
3: Always ✓	3: 4 sites	3: Hurts a whole lot- Hurts worst ✓	3: > 5 ✓

TOTAL SCORE: 3+2+3+3 = 11

POST TREATMENT WaLIDD SCORE

OPD NO. 2025H2161. Date → 01st July 2025

Working ability	Location	Intensity (Wong-Baker)	Days of pain
0: None	0: None	0: Does not hurt	0: 0
1: Almost Never	1: 1 site ✓	1: Hurts a little bit ✓	1: 1-2 ✓
2: Almost Always	2: 2-3 site	2: Hurts a little more – Hurts even a more	2: 3-4
3: Always ✓	3: 4 sites	3: Hurts a whole lot- Hurts worst	3: > 5

TOTAL SCORE: 3+1+1+1 = 6.

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