

# To study the efficacy of homoeopathic medications in the management of Primary dysmenorrhoea- A systematic review

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## ABSTRACT

**Introduction:** The incidence of primary dysmenorrhoea in young girls and women is rising. The severity of pain can range from slight discomfort to debilitating pelvic pain in women, impacting their mental, physical, and social well-being. In certain circumstances, drugs are essential to alleviate dysmenorrhea discomfort and to mitigate absenteeism or handle professional responsibilities. While the use of painkillers and other steroidal and non-steroidal medications is common, prioritising safe treatments that do not impact women's reproductive health is crucial. Consequently, homoeopathy, a recognised safe therapy approach, may be a superior option, supported by prior research findings.

**Objective:** This review intends to highlight studies that have proved the efficacy of homoeopathy in treating dysmenorrhea, emphasising the necessity for increased research in this domain to raise public knowledge about this safe alternative treatment. **Methods:** Articles that deals with the subject of homeopathic treatment for primary dysmenorrhea, published in peer-reviewed scientific journals in English, have been compiled. Primarily, publications examined different characteristics, including the World Health Organisation Quality of Life: Brief Version (WHOQOL-BREF) scale, the Verbal Multidimensional Scoring System (VMSS), the Visual Analogue Scale (VAS), self-administered questionnaires, and to evaluate quality of life (QoL). The results have been simplified for the convenience of the readers. **Results:** Various studies suggest that homoeopathic treatments, recommended with consideration of family history, effectively alleviate dysmenorrhea in women and mitigate psychological difficulties. This study reveals a significant scarcity of research in this area.

**Keywords:** Primary dysmenorrhea, homoeopathy, systematic review

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## INTRODUCTION

Menstruation is a biological process that takes place throughout the reproductive years of females. Many females experience varying levels of pain and distress during menstruation, referred to as dysmenorrhea, which can impact the normal functioning of women for one to two days of every month [1]. Primary dysmenorrhea is marked by menstrual pain without any evident of pathology, while secondary dysmenorrhea is associated with pelvic pathology [1].

The prevalence of primary dysmenorrhea severe enough to cause incapacitation affects approximately 20 to 90% of young women, according to records [2].

It typically manifests within two years following menarche among adolescent and adult females [3]. The mother or her

sister may experience dysmenorrhea [4]. Primary dysmenorrhea is the most prevalent type, with a global incidence ranging from 25% to 90% [2] and 70.2% in India [3]. Primary dysmenorrhea symptoms often commence within the first 6 to 12 months following menarche and once the ovulatory cycle becomes regular, potentially last until the age of 30. Peak prevalence is occasionally noted throughout late adolescence or early adulthood [1]. This illness is mostly characterised by menstrual cramps accompanied by pelvic pain. The release of prostaglandins induces contraction or squeezing of uterine muscles, which causes the thickness of the endometrial lining. This condition reduces blood circulation to the tissues and contributes to the pain [5], but additional changes or

processes may further intensify the pain in the later stages [6]. Higher secretion of prostaglandin encourages the uterine tone stronger along with the peripheral nerve hypersensitivity. Studies have indicated that women with dysmenorrhea have twice as much prostaglandin F2 $\alpha$  in their menstrual fluid than women without the condition. Furthermore, women with dysmenorrhea may have intricate hormonal fluctuations throughout their menstrual cycle [3]. Menstrual pain is typically marked by intermittent pelvic cramping that radiates to the lower abdomen, to the back, and thigh areas. It is possible for generalized symptoms like headache, palpitations, nausea, fatigue, vomiting, and diarrhoea to occur alongside one another. Discomfort typically commences on the day or prior to menstruation and persists for one to two days in the majority of instances. Contemporary practice recognizes that psychological variables do not directly cause pain, but rather affect it or its intensity. Intense prolonged discomfort can readily induce depression in women, particularly when it impairs functionality, regardless of their pain tolerance level [4]. Absenteeism, poor academic performance, depression, and irritability affect women for 3 to 4 days throughout their monthly cycle, impacting the physical, psychological, and social well-being [4]. Conventional therapies for dysmenorrhea, that include non-steroidal anti-inflammatory medications, may induce significant gastrointestinal adverse effects [7 and 8]. Analgesics, including NSAIDs that function as prostaglandin synthetase inhibitors, are suggested to be administered two days prior to menstruation and continued for one to two days after its onset and alleviate menstrual discomfort in approximately 67% of women [9]; however, side effects such as nausea, vomiting, and/or diarrhoea have been reported. Analgesics are not advised for women with a history of gastrointestinal haemorrhage, gastroduodenal ulcers, and perforations. Oral contraceptives, even at modest doses, are found to hinder ovulation and hence induce painless bleeding [10]. Homoeopathy is widely recognised in various regions worldwide as a safe and suitable supplementary therapy to be utilised with conventional treatment [11]. Homoeopathy ranks first among the five complementary therapies [12]. Numerous studies indicate that homoeopathy can be very efficient in alleviating menstrual cramps. A variety of medications in homoeopathic materia medica, including Cimicifuga (*Actaea racemosa*), Caulophyllum, Viburnum opulus, Belladonna, Magnesia phosphorica, Colocynthis, Pulsatilla, Melilotus, and Veratrum viride, can effectively reduce the menstrual discomfort [4]. Homoeopathy emphasises the holistic well-being of the patient, rather than solely addressing the specific health issue. This review aims to present studies that evaluate the therapeutic measures of homoeopathy for dysmenorrhea, including case studies, clinical trials and double-blind placebo studies, thereby reinforcing the evidence for homoeopathic therapy in curing primary dysmenorrhea.

**Methodology Search strategy**

We conducted a search for articles related to dysmenorrhea published in English in peer-reviewed scientific journals, applying Science direct, Pub Med, Research Gate, and Google Scholar with the terms "homoeopathy treatment on

dysmenorrhea," "dysmenorrhea," "homoeopathy," "alternative medicine for dysmenorrhea," and "treatment without side effects." We examined the reference sections of the chosen publications for other relevant research. The study reviewed articles published up to 2023.

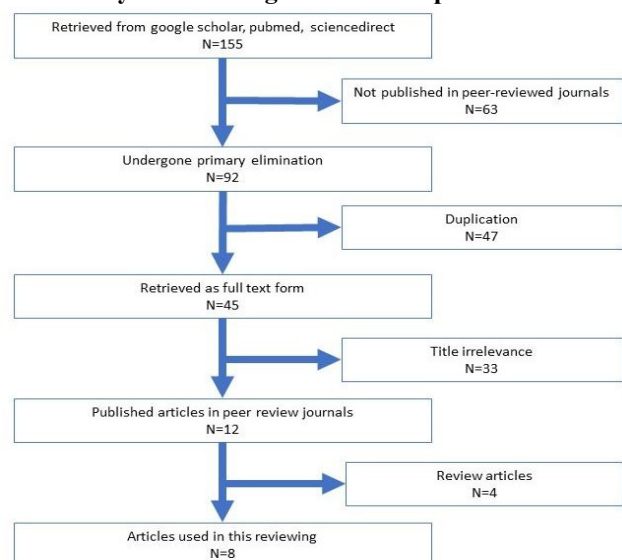
**Inclusion and exclusion criteria**

Studies examining the efficacy of homoeopathic therapy for treating dysmenorrhea in females were gathered for inclusion in this review. All study types, including case reports, open-label, pragmatic, randomised controlled trials, and prospective observational studies, were investigated to gather comprehensive data on homoeopathic treatment for dysmenorrhea. Furthermore, the chronological criterion was designated as articles published till December 2023 in peer-reviewed journals. Duplicate articles (articles with identical material authored by different individuals) were thoroughly examined, leading to the retention of the earlier publication and the exclusion of the subsequent one from the study.

**RESULTS**

The search found 155 articles and writings, including books and pages. Following the evaluation of titles, 63 have been dismissed as they are not published in peer-reviewed journals. Forty-seven articles were omitted from the study due to duplication. Of the 45, 28 are eliminated due to title irrelevance, while 4 are review articles. Thirteen papers from English-language, peer-reviewed journals have been cited in this analysis, including follow-up studies, clinical trials, case reports, and randomized and pragmatic trials (Fig.1). A few highlights of study results are reviewed here, while further findings are shown in Table 1.

**Figure 1: Articles included and excluded from the analysis according to the search parameters**



**Summary of findings from the selected research studies**  
*Homoeopathic treatment for patients with dysmenorrhea: 2 years follow-up study*

A multicentre observational study was conducted by Witt et al. [15] over two years involving 139 patients consulting homoeopathic physicians for dysmenorrhea. Standardised questionnaires were developed to document the medical

history, consultations, quality of life, additional health issues, and treatments that were undergone. A total of 128 women aged between  $32.4 \pm 7.5$  years, along with 11 girls aged between

$13.7 \pm 4.0$  years, participated in the study and received homeopathic prescriptions. At 24 months, there was a significant improvement in the relieve of severity of diagnoses and complaints. Dysmenorrhea was alleviated in 46.1% of women and 45.5% of girls. Furthermore, enhancements in the mental component score, physical component score, and KINDL sum score indicate that homeopathic treatment positively affected the quality of life for women experiencing dysmenorrhea.

#### *Homeopathy on lowering pain and enhancing the quality of life in primary dysmenorrheic patients*

Charandabi et al. [10] investigated the effects of homeopathy on pain relief and quality of life improvements through placebo-controlled, randomised, double-blind experiments with two parallel groups. Before participant recruitment can begin, trials must be registered in the clinical trials registry, and all subjects must provide written informed consent before they may be included in the study. This study involved 54 students from Tabriz University in Iran who experienced primary dysmenorrhea. Randomised trials adhere to specific inclusion and exclusion criteria to obtain precise results. Single female Participants aged 18 to 27 years who encountered mild to severe primary dysmenorrhea (pain rated between 4 and 9 on 10-cm VAS) throughout their regular menstrual cycles and had no previous exposure to homeopathic treatment were included in the study. Smoking, a history of allergies or chronic illnesses, or usage of oral contraceptives or corticosteroids during the previous six months were all considered exclusion factors. Following exclusion, 47 students participated in the trial; 26 received homeopathic treatment and 21 received a placebo. Pain intensity and quality of life were determined using a 10-cm VAS and the Short Form 36 (SF-36), respectively, while the secondary outcome was evaluated by the number of analgesic pills used. The participants were administered with either a homeopathic remedy or a placebo. Comparing the baseline ratings revealed favourable enhancements in lowering the pain and bodily health scores solely within the homeopathic group, whereas both groups exhibited improvements in mental health scores. However, neither the severity of pain nor any other outcome significantly differed throughout the groups. While the psychological wellness of the individual has increased in both groups, the homeopathy group experienced a notable enhancement in the reduction of pain and physical wellness components when compared to the values recorded before the treatment. The authors of this study suggest undertaking further research to reach a conclusion.

#### *A case study evaluating the role of homeopathy on Primary dysmenorrhea*

Pathak et al., [17] reported the findings of a case study including 26 years old unmarried woman reported with the complaint of lower abdomen and thighs pain before and during the period of menses since menarche. By evaluating abdomen and pelvis to find out the reason of pain and the

finding showed no complaints. The pain was rated as 9 on the VAS. A comprehensive investigation of family history, behaviours, and psychological traits has been conducted. A single dose of Natrum muriaticum 200 was administered as part of the treatment, accompanied by psychological counselling. The therapy enhanced the mental health of the patient, who had previously harboured dislike towards men, prior to marriage. This case study demonstrated that the principle of individualisation may contribute to enhancing mental health related to primary dysmenorrhea.

#### *Efficacy of homeopathy in the management of primary dysmenorrhoea*

A single-blind random placebo-controlled investigation involving 65 patients with primary dysmenorrhea under the age of 25 was carried out by Singh et al., [13]. A total of participants was divided into two groups: 30 received homeopathic treatment, while 35 were assigned to the placebo group. Homeopathic medication is administered following a thorough evaluation of ailments. The pain intensity was measured using the VAS both before and after therapy (after 6 months), resulting in a minimum study period of 18 months. Colocynth (23%); Belladonna (17%); Magnesia Phosphorica and Actaea Racemosa (13%); and Pulsatilla nigricans (8%) were commonly recommended. Consequently, there is a substantial reduction in VAS score after 6 months of treatment when compared to the baseline and placebo groups. According to the overall data, colocynth was the most frequently prescribed medication during the trial involving a total of nine medicines. This study demonstrates a substantial impact of homeopathy in primary dysmenorrhea compared to placebo.

#### *Efficacy of IHMs in primary dysmenorrhea*

Gosh et al. [14] conducted a placebo-controlled, double-blind, randomized study at the reproductive health facility of a Homeopathic Medical College and Hospital in India. Sixty-four participants having primary dysmenorrhea were randomised to receive either IHMs or a visually equivalent placebo. The VMSS and the 0–10 NRS for the severity of dysmenorrhea pain were the primary and secondary end measures, respectively. Pulsatilla nigricans and Natrum muriaticum were administered to the patients. At the end of 3 months, no substantial negative outcomes, harms, or associated diseases were observed in either group. In summary, the treatment of primary dysmenorrhoea was substantially more effective with homeopathic medicines than with placebos.

#### *Individualised homeopathic remedies in comparison with conventional therapy*

Jain et al. [16] conducted an open-label, randomized clinical trial including 80 patients to assess the efficacy of IHMs compared to symptomatic traditional therapy in managing of primary dysmenorrhea. Young, unmarried women served as the subjects, and the WHOQOL-BREF was used to evaluate quality of life and the VAS to measure pain severity.

Forty patients were administered homeopathic remedies, while another forty received conventional treatment. The selection of homeopathic remedies was predicated on

individualization, with case follow-ups conducted monthly for six cycles. Among the cohort receiving homeopathic treatment, 72.5% of patients experienced mild pain, 20% indicated moderate discomfort, and 7.5% encountered acute pain. Among the cohort receiving conventional medication, the pain severity was mild in 30%, moderate in 40%, and acute in 30% following treatment. According to the study, patients with primary dysmenorrhea in the homeopathic intervention group experienced less menstrual discomfort and had higher quality of life, proving the effectiveness of individualised homeopathic therapy.

*Case report revealing the alleviating potential of homeopathic therapy on severe primary dysmenorrhoea*  
Dambale et al. [18] recorded a case study of a 23-year-old woman suffering from severe primary dysmenorrhea. Following an evaluation of the comprehensive symptoms and reflexology, Pulsatilla pratensis 30C was prescribed. The patient was instructed to take the medication once in the morning on an empty stomach for 3 days, alongside Placebo 30, which is to be delivered twice daily for 7 days. During the first month follow-up, there was mild lower abdominal pain, accompanied by nausea and anorexia prior to the onset of menstruation, lasting for 3-4 hours. Discomfort and vomiting continued until the subsequent morning, but all other symptoms were reduced. At the three-month follow-up, there was slight discomfort in the lower abdomen before to the commencement of menstruation, lasting for 2-3 hours. Nausea was experienced; however, vomiting did not ensue. No nausea or vomiting was

experienced the subsequent day. Constipation and other issues have resolved. At the six-month follow-up, menstruation began as anticipated. Prior to the commencement of menstruation, there was little discomfort in the lower abdomen. No instances of nausea or vomiting were documented. The patient exhibited a robust appetite during menstruation. All symptoms have reduced. The suggested homeopathic remedy significantly mitigated menstrual discomfort and regulated the menstrual cycle.

*Effectiveness of Magnesium phosphoricum 6X*  
Magnesium phosphoricum (MP) was described in several case reports and homeopathic literature as "the great anti-spasmodic remedy" with the ability to alleviate dysmenorrhea at a 6X potency. Saha et al. [1] demonstrated that MP may be non-inferior to individualised homeopathic medicines (IHMs), which have already been validated as effective treatments for dysmenorrhea. A pragmatic, open-label, randomised study with two parallel arms was conducted at a Homeopathic Medical College and Hospital in West Bengal. Sixty females diagnosed with primary dysmenorrhea were chosen for the study. The study assessed pain severity using a 0-10 numerical rating scale (NRS) and a VMSS after three months. Seven participants withdrew. The NRS examination indicated minimal pain levels on the first and second days of menstruation. The IHMs group had markedly elevated VMSS scores in comparison to the group that received MP 6X. This outcome demonstrated that MP 6X was non-inferior to IHMs in managing primary dysmenorrhea.

**Table 1: Summary of Literature studied on Primary dysmenorrhoea**

Author and Year of Publication	Study Design	Aim/ Objective	Sample Size	Outcome Parameter	Intervention	Conclusion
Claudia M. Witt et al., 2009	Prospective multicenter observational study with standardized questionnaires for primary dysmenorrhea in primary care.	To document the illnesses, quality of life, medical history, evaluations, all treatments, and other health services used over a period of two years.	139 patients (128 women and 11 girls)	Significant improvement in the relieve of severity and complaints has been recorded at the end of 24 months of homeopathic treatment.	Observational study conducted using standardized questionnaires	Improvements in the KINDL sum score, mental component score, and physical component score show that homeopathic treatment improved the quality of life for women with dysmenorrhea.
Sakineh Mohammad Alizadeh Charandabi et al., 2018	Randomized, double-blind, placebo-controlled clinical study	To assess the effectiveness of IHMs (individualized homeopathic medications) in treating primary dysmenorrhea.	54 patients total, 27 in the treatment group, 27 in the placebo group	Pain intensity and VMSS favored IHMs over placebo at all time periods. No adverse effects were documented.	Individualized homeopathic remedies were prescribed; Among which Natrum muriaticum and Pulsatilla nigricans were the most prescribed remedies.	The study concluded that IHMs are effective for primary dysmenorrhea.
Keerti Pathak, 2019	Case report	To evaluate the role of constitutional homeopathic treatment in primary dysmenorrhea.	Single case	The customized medicine influenced the patient's mental state. She overcame prior antipathy to men and got married.	Natrum muriaticum was given based on individualization.	The study concluded that individualization is crucial for effective homeopathic treatment.
Poonam Singh, 2020	Randomized placebo-controlled trial	To evaluate the role of homeopathy in primary dysmenorrhea.	65 patients	Statistically significant reductions in pain VAS scores were observed in the homeopathy group.	Homeopathic medication was prescribed after a comprehensive assessment of symptoms.	The study demonstrated a substantial impact of homeopathy relative to placebo.

Shubhamoy Ghosh et al., 2020	Double-blind, randomized, placebo-controlled clinical trial	To evaluate the efficacy of individualized homeopathic medicines in primary dysmenorrhoea.	64 patients in the treatment group, 64 in the placebo group	Pain intensity and VMSS favored IHMs over placebo at all time periods. No adverse effects were documented	Natrum muriaticum and Pulsatilla nigricans were the most prescribed remedies.	The study concluded that IHMs are effective for primary dysmenorrhoea.
Lily Jain, 2021	Randomized placebo-controlled trial	To compare the effectiveness of individualized homeopathic medicines versus conventional treatment in young unmarried females with primary dysmenorrhoea.	80 patients; 40 in each group.	Patients were evaluated using VAS and WHOQOL-BREF	Individualized homeopathic remedies were prescribed and compared with placebo.	Following homeopathic treatment, 72.5% of patients reported mild pain, compared to 30% in the conventional treatment group, thus demonstrated the efficacy of homeopathic treatments in reducing pain and improving quality of life.
Maya Pundlik Dambale, 2022	Case report	To evaluate the efficacy of Pulsatilla Pratensis 30C in primary dysmenorrhoea.	Single case	Significant improvement in symptoms, with complete resolution of vomiting and nausea during follow-ups.	Pulsatilla Pratensis 30C was prescribed for 3 days, alongside Placebo 30 for 7 days.	The treatment resulted in marked symptom relief and improved quality of life over six months.
Sangita Saha et al., 2023	Open-label, randomized, pragmatic equivalence trial	To compare the effectiveness of Magnesium Phosphoricum (MP) 6X and individualized homeopathic treatment in primary dysmenorrhoea.	60 females (30 in each group)	Statistically significant intragroup variations were observed in both groups. MP 6X was determined to be non-inferior to IHMs.	MP 6X was compared with IHMs using pain severity as a primary outcome.	MP 6X is as effective as individualized homeopathic treatment in managing primary dysmenorrhoea

## CONCLUSION

Managing discomfort without compromising women's reproductive health is essential when a natural bodily process becomes distressing and restricts daily activities. Treatment should be effective while avoiding adverse effects associated with conventional medications. In this regard, homeopathy presents a promising alternative for alleviating dysmenorrhoea safely. This study aims to analyze existing literature supporting the efficacy of homeopathy in managing primary dysmenorrhoea. While homeopathic remedies have been extensively studied for various gynaecological conditions, research specifically focusing on primary dysmenorrhoea remains inadequate. The limited availability of case studies, clinical trials, and follow-up research has resulted in insufficient evidence to raise public awareness about its potential benefits. Expanding research efforts and increasing publications in this field would contribute to a broader understanding of homeopathic medicine's role in improving women's reproductive health and overall well-being. By fostering greater awareness, more women may explore homeopathy as a safe and effective alternative for managing menstrual discomfort. Strengthening the scientific foundation through additional studies would not only validate its effectiveness but also encourage informed healthcare decisions, promoting holistic and sustainable approaches to reproductive health care.

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